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EIGHTIETH ANNUAL REPORT

OF

THE TRUSTEES

OF THE

WORCESTER STATE HOSPITAL,

AND

THIRTY-FIFTH ANNUAL REPORT OF THE TRUSTEES

OF THE

WORCESTER STATE ASYLUM AT WORCESTER,

FOR THE

YEAR ENDING NOVEMBER 30, 1912.



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OFFICERS OF THE HOSPITAL.

TRUSTEES.

SAMUEL B. WOODWARD,	WORCESTER.
GEORGE F. BLAKE,	WORCESTER.
LYMAN A. ELY,	WORCESTER.
T. HOVEY GAGE,	WORCESTER.
THOMAS RUSSELL,	BOSTON.
CARRIE B. HARRINGTON,	WORCESTER.
GEORGIE A. BACON,	WORCESTER.

RESIDENT OFFICERS.

ERNEST V. SCRIBNER, M.D.,	<i>Superintendent.</i>
RAY L. WHITNEY, M.D.,	<i>First Assistant Physician.</i>
GEORGE A. McIVER, M.D.,	<i>Assistant Physician.</i>
CORNELIA B. J. SCHORER, M.D.,	<i>Assistant Physician.</i>
FLOYD A. WEED, M.D.,	<i>Assistant Physician.</i>
HENNING V. HENDRICKS, M.D.,	<i>Assistant Physician.</i>
S. CARLETON GWYNNE, M.D.,	<i>Assistant Physician.</i>
IDA A. McNEIL,	<i>Superintendent of Nurses.</i>
MULFORD H. CENTER,	<i>Steward.</i>
MARY F. DUDLEY,	<i>Matron.</i>
JOSEPH T. REYNOLDS,	<i>Farmer.</i>

NONRESIDENT OFFICERS.

SAMUEL T. ORTON, M.D.,	<i>Clinical Director and Pathologist.</i>
HOWARD BEAL, M.D.,	<i>Consulting Surgeon.</i>
WALTER W. CAMPBELL, D.D.S.,	<i>Dentist.</i>
GEORGE E. PARESEAU,	<i>Druggist.</i>
GEORGE L. CLARK,	<i>Auditor.</i>
JESSIE M. D. HAMILTON,	<i>Clerk.</i>
JAMES DICKISON, JR.,	<i>Engineer.</i>

The Commonwealth of Massachusetts.

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

The trustees of the Worcester State Hospital herewith respectfully submit their eightieth annual report. The annexed reports of the superintendent and treasurer contain details of the financial condition of the hospital, and of the commitment, discharge, transfer and health of the inmates.

The new building provided for by the legislative appropriations of last year will be completed and ready for occupancy within the next six months, as will also the additional story to the Salisbury ward.

With its completion a dining room for male attendants will be available, dining facilities for a certain number of patients provided, and, to an extent, the deplorable overcrowding of the male wards relieved.

With the completion of the elevator in the Woodward building, the weak, the feeble and the aged will be enabled to share the advantages now enjoyed by those only who are able to reach the enclosed roof space through their own exertions.

The dining facilities for patients are, and long have been, entirely inadequate. The main building, erected thirty-five years ago to house and care for 600 patients, contains, with the additions, at the present time an average of over 1,300. With 38 dining rooms, of limited capacity, it is also necessary to place permanent tables in the corridors in many places, thus diminishing the day space, at the best none too ample, and rendering proper service out of the question.

The distance of many of these dining rooms from the kitchen, as well as their multiplicity, makes the service expensive, increases greatly the number of employees required (and incidentally housed and cared for), and makes impossible adequate general supervision.

Alteration of the present laundry building, which is admir-

ably situated for efficient and economical administration, will, with the new dining room for male patients, provide room for the majority of patients (practically for all) who are in a suitable state to enter a congregate dining room; and it is conservative to say that in each of the present dining rooms thus vacated, from 8 to 10 patients can be provided with sleeping quarters.

A new laundry building, to supply the place so converted, will provide in its upper story a large room for industrial work, which must at present be inadequately and expensively accommodated in rooms in various parts of the main building.

For these purposes the trustees ask for an appropriation of \$75,000.

To complete alterations in and to furnish the farmhouse, near the cow barn, an appropriation of \$4,600 is needed. This building, when completed, will house some 20 employees, who are now provided for in the neighborhood and outside of the hospital limits.

The full complement of female attendants is 123; but 80 of these are cared for in the nurses' home; the remainder occupying rooms that would otherwise be used by patients. Eight thousand dollars expended in finishing the attic of the present home will provide for 22 nurses, and the trustees, therefore, ask for \$8,000 to be so expended.

To retain in the hospital service married employees has always been a difficult matter. Accommodations in the main building are lacking, and the trustees ask for \$17,350 to be expended in the erection of two buildings, in each of which a married employee or assistant physician may reside, while room will also be provided for from 10 to 12 single persons in each building.

For eight consecutive years the question of the proper disposal of the hospital sewage has in one form or another been before the legislative body. In their seventy-ninth report the trustees stated that "The constant growth of the institution, the ever-increasing size of the surrounding community, the installation of a hydrotherapeutic plant, and the establishment of a congregate bath house have made it next to impossible to properly care for the consequent drainage."

What is known as a "septic tank" on the hospital premises, not far from a public road, and the flowage of a part of the waste water into a neighboring brook, are not proper conditions to find on the grounds of a Massachusetts State institution. The trustees again ask the Legislature for relief, and consider that the most satisfactory solution of the matter will be to connect the hospital system with that of the city of Worcester.

The purchase of the Curtis land this year materially reduces the expense of constructing proper connections with the Worcester system, and to accomplish this the trustees ask for an appropriation of \$7,500.

On April 1, 1912, Dr. H. M. Quinby, whose resignation had been for some months in the hands of the trustees, but who had kindly remained, pending the choice of his successor, was succeeded as superintendent by Dr. E. V. Scribner, long in charge of the Worcester State Asylum, and who was well known to this Board for his efficient and faithful service in that capacity.

At the same time Miss Lila J. Gordon, who had for twenty years served as matron, sent in her resignation.

To Dr. Quinby's long and faithful services the trustees bore testimony in their seventy-eighth report; they can now but thank him for his willingness to remain during the trying time of impending change.

To the superintendent and members of the staff, and to the employees generally, the trustees wish to express their appreciation of faithful services rendered.

Respectfully submitted,

SAMUEL B. WOODWARD.
GEORGE F. BLAKE.
LYMAN A. ELY.
T. HOVEY GAGE.
THOMAS RUSSELL.
CARRIE B. HARRINGTON.
GEORGIE A. BACON.

SUPERINTENDENT'S REPORT.

To the Trustees of the Worcester State Hospital.

I herewith respectfully submit the following report of the hospital for the year ending Nov. 30, 1912, it being the eightieth annual report.

There remained at the hospital Oct. 1, 1911, 1,347 patients, — 674 men and 673 women. During the year ending Sept. 30, 1912, there were admitted 605 patients, — 319 men and 286 women. Six hundred and fifty-two patients — 359 men and 293 women — were dismissed from the hospital. Of this number, 241 patients — 121 men and 120 women — were discharged; 142 patients — 86 men and 56 women — died; 138 patients — 78 men and 60 women — were transferred; and 130 patients — 73 men and 57 women — left on visit or escape, leaving at the end of the statistical year 1,300 patients, — 634 men and 666 women. Of this number, 1,036 were supported by the State, 148 by friends, and 116 as reimbursing patients. Of the 370 patients discharged and transferred, 94 (including 11 habitual drunkards, women) were reported recovered, 71 capable of self-support, 34 improved and 171 not improved. Six men and 3 women were discharged as not insane. Forty-nine men and 25 women were transferred by the State Board of Insanity to the Medfield State Asylum; 15 men and 14 women to the Gardner State Colony; 3 men and 3 women to the Boston State Hospital; 2 men to the Danvers State Hospital; 2 men to the Massachusetts School for the Feeble-minded; 2 men to the Westborough State Hospital; 1 man and 3 women to the State Infirmary, Tewksbury; 1 man to the Taunton State Hospital; 1 man to Herbert Hall; 1 man to the Bridgewater State Hospital; and 1 man to the Monson State Hospital. Twenty men and 11 women were removed from the State, and 15 women were boarded out.

There remained at the end of the year 47 patients less than at the beginning. The smallest number under treatment on any

one day was 1,286, and the largest 1,421. The daily average number was 1,359.69.

The percentage of recoveries, calculated upon the number of discharged and deaths, was 18; calculated upon the number of admissions it was 10.6.

The death rate was 7.3 calculated on the whole number of patients under treatment, and 10.4 calculated on the daily average number.

There have been 55 less admissions than during the preceding year. This, however, cannot be interpreted as indicating a lessened insanity rate in the community, but is rather due to the fact that during the greater part of the year no cases were admitted from Suffolk County, patients from that district having been sent to other institutions. The commitments from other counties have maintained their usual average.

It is of interest to note that the number of acute alcoholics has very materially lessened of late. This is no doubt due in large measure to the operation of the law which requires that cases of delirium tremens shall be cared for in the general hospitals. This law seems to be productive of good in that while the sufferer still receives entirely adequate attention, the insane hospital is freed from a very disturbing element. The absence of acute alcoholics from our wards has done much to increase the general comfort and quiet. Of the 46 cases of manic-depressive psychosis admitted, 36 were women. The depressed phase predominated in both sexes. During the year 98 cases of senile psychosis were admitted, as against 60 of the previous year. There appears to be an increasing tendency to the accumulation in our wards of the chronic and senile types of mental disease.

In the cases of general paralysis which have been admitted, the type of the disease has been more of a fatuous and simple dementing character than of the expansive, exhilarated and aggressive type which has been characteristic of some former years. It seems quite possible that the type of this psychosis is changing, though it can be said that many of the cases admitted have been in the terminal paralytic stage.

One woman was received from the women's prison. The Commonwealth has established separate provisions for its male

criminal insane, where they can be properly cared for without detriment to the interests of the other insane in institutions. For the female criminal, however, no special provision has been made, and in the event of an inmate of the women's prison becoming insane, she is committed to one of the regular institutions for the treatment of mental disease, to the serious disturbance of the discipline of the institution and to the detriment of its patients. Such an arrangement makes it extremely difficult for the hospital to discharge its full duties to each class of cases. The innocent patient suffers not only from forced association with persons of criminal instincts, but in the restriction of personal liberties and privileges incident to the necessity for the maintenance of a prison discipline sufficiently rigorous to prevent escape. It is to be hoped that this class of cases can be given early accommodation elsewhere.

During the year an effort has been made to improve the care and attention given to the acute male service. A special ward has been set apart in order to still further assist in classification. This ward has been placed in charge of a female graduate nurse. Although this arrangement has been in operation for only a few months of the year, the more hospital-like surroundings, and the greater degree of personal attention made possible, have seemed to do much to quiet the patient and to allay his suspicions. There is a greater degree of comfort and a lessened amount of disorder and violence. In many cases improvement and recovery seem to have been hastened. I am very sure that it would be profitable to place other wards of the male service under the direction of female nurses.

The hospital training school is in prosperous condition. The attendance of all female nurses is obligatory. The school is open to male attendants and they are encouraged to take advantage of its opportunities, though too few take up the work. The present membership of the school is 108. A class of 10 will soon graduate. The school continues to be a most valuable agency in the promotion of intelligent care of the patient and a generally broader conception of the duties of a nurse.

While the number of written applications for employment has been rather less than in some former years, there have

been more who have made personal application, rendering it easier to make a proper selection from the material presented, so that perhaps less difficulty than usual has been experienced in securing proper persons for the service.

A special effort has been made to get as many patients as possible out of doors and to encourage them in healthful exercises and amusements. As a result many cases have shown a marked physical improvement; sleep at night has been promoted, turbulence has been diminished and the general well-being materially promoted. Generally ward conditions have been improved and a greater degree of contentment is noted.

While the general health of the house has been good, there have been quite a number of cases of dysentery and acute infectious diseases. The pathologist has made a special study of these cases, the details of which are presented in his report. Five cases of typhoid fever occurred during the year. The first two cases were male attendants, who undoubtedly contracted the disease somewhere outside of the institution. No new cases have developed of late, and it seems reasonably certain that no focus for further infection exists on the premises.

With the general broadening of the activities of the institution, the abolition of restraint, and the giving of greater personal attention to patients, I have found it necessary not only to increase the number of persons employed, but to change somewhat the scope of operations of certain special departments. The more purely medical work has been reorganized. An assistant is to be furnished to the pathologist, enabling him to take up also the direction of the clinical work. This will more fully co-ordinate the clinical and the research work of the laboratory in a way that will be beneficial to both. Staff meetings are held daily at which patients are presented and their cases studied. Once each week different persons present a review of the recent medical literature bearing on our specialty. Once each week the pathologist gives an evening lecture in the laboratory. The increased facilities for study and observation which will result to the staff, it is believed, will render the service more attractive to earnest and capable medical men, and it is hoped will to some extent counterbalance the in-

adequate salaries which have hitherto been offered. The higher salaries of adjoining communities have created a serious obstacle to securing and retaining in the service the full complement of medical men. This financial defect should be remedied.

I believe that the medical men of the institution and the doctor in general practice have hitherto known too little of each other's work. We should come together in frequent conference which cannot but result in material benefit to both. The institution could thus learn more of the general causes and of the environment which contributed to the patient's breakdown. The general practitioner could gain a more intimate knowledge of mental disease, perhaps making possible an earlier diagnosis of cases which would lead either to an earlier hospital commitment, when deemed advisable, or to the adoption of such treatment at home as might possibly avoid commitment altogether.

The institution has not discharged its whole duty to its patient with his return into the community, even if recovery seems then assured. The further history of the case should be followed and the patient and his friends made to feel that the institution management continues to have an interest in him and his welfare. He should be encouraged to return for advice and assistance should he feel the need. In such cases a social worker could render great service in after-care and could in many other ways be of material aid in furthering the work of the institution. Such an officer should be added to the staff. Not only should the institution accord a painstaking and intelligent care to its patients, but it should be considerate and helpful in its relations to friends and relatives. The greatest effort, consistent with the proper care of the patient, is made to accommodate the public in the matter of visiting. In a large institution it is quite necessary that some regulation should exist as to visiting days, in order that the necessary medical attention to the patients may be interfered with as little as possible. In case of illness friends and relatives are admitted at any time. Under ordinary circumstances visitors are received on two week days. Visitors to whom it would be a hard-

ship to come on other days are admitted on Sundays, when special request is made.

While the services of a dentist have been utilized to a considerable extent in the past, an arrangement has now been made with a local man whereby he comes to the institution and devotes one day of each week to the care of the patients' teeth. This service will be extended to meet the needs which develop.

The high prices of foodstuffs, and the increased fuel consumption occasioned by the unusual cold of last winter, combined perhaps with other minor causes, made it evident, early in the year, that a financial deficit was impending. In the effort to make this deficit as small as possible much very necessary work of repair and refurnishing has been held in abeyance and will have to be accomplished as a part of the coming year's operations.

A great amount of work has been accomplished by male patients in out-of-door work in farming, the care of roads and grounds, and in the excavation and preparation of the site for our new coal pockets. A beginning has been made in out-of-door work for women, which it is proposed to enlarge and extend as rapidly as seems feasible. The general work of the departments has continued as before. The patients now, with the direction and assistance of paid employees, manufacture all of our bed linen, all of the women's cotton underwear, all of the women's wrappers and all table linen and towels. In the special industrial room a vast amount of fancy work, basketry and rugs is produced. In a short time broom, brush and basket making and cabinet work will be established as occupational diversions for men. In the tailor shop male patients are employed in the repairing and manufacture of men's clothing. In this same department shoe and harness repairing is done. Patients also aid in the manufacture of mattresses and draperies.

This institution was among the pioneers in the industrial employment of its patients. About 1882, under the superintendency of Dr. J. G. Park, patients were very successfully and profitably employed in spinning and rug making and other industrial pursuits. Much work was done with the hand loom

and patients showed great interest and proficiency in occupation.

Dances and parties have been held in the chapel; the patients have been entertained by the phonograph and in various other ways.

Regular religious services have been held in the chapel by Protestant and by Catholic clergymen.

In considering the physical needs of the institution the improvement of the food service is one of the most important. Now food is served in small dining rooms, many at considerable distances from the general kitchen. Quite a number of these rooms are dark and unattractive and lacking in those plumbing facilities which are so necessary for satisfactory and efficient service. To repair and improve the present rooms would not only be an expensive proposition, but would tend to perpetuate unsatisfactory and undesirable methods. The feeble and bed-ridden people of the infirmary wards, many acute cases, and those highly excitable and violent, will obviously continue to require the service of food on the ward. The great mass of our patients, however, can be better served in a central dining room. The building now occupied by the laundry and carpenter shop can be remodeled and adapted for use as a general dining room for both sexes. This building is situated close to the kitchen and is also conveniently located for easy access from the wards for both male and female patients. A thousand persons can be taken care of here. The ward dining rooms which will be vacated will require little more than painting and furnishing to fit them for occupancy as dormitories, thus affording additional accommodation for the annual increase of the State's insane, at a very low per capita cost.

It is proposed to very largely augment the industrial activities of the institution. The present rooms which are available for manufacturing purposes are scattered in different parts of the buildings. However well adapted each individual room may be for its special operations, widely separated units do not make for business economy and efficiency in administration. The greater the number of industries that can be grouped together the less will be the cost of supervision. I recommend to your Board that an appropriation of \$75,000 be asked from the

next Legislature for the purpose of erecting a two-story and basement building, the basement and first story to be utilized for laundry operations, and the top story for general industrial purposes. This sum would also suffice for the moving of the laundry machinery from its present location to the proposed new building, and the adaptation of the present laundry building for the purposes of a general dining room. These operations are grouped under one request because they are mutually dependent upon each other and can best be carried out together.

It should be our earnest effort to spare no pains to raise the standard of service and excellence of administration in our institutions that we may better and more intelligently treat the unfortunate persons committed to our care. Upon no one agency are we more dependent than upon the corps of employees. How necessary, then, that we not only secure competent and faithful persons, but make the conditions of living such that good men and good women will remain in the service. Increased accommodations are needed for both men and women. I recommend that an appropriation of \$17,350 be asked for the erection and furnishing of two cottages for employees, the lower story of which in each can be occupied by a man and his family, with rooms for other employees on the upper floor. Each cottage will furnish accommodation for 10 employees.

In the female nurses' home is a large and commodious attic, at present used only for storage purposes. For \$8,000 this attic can be finished off into rooms and furnished, providing excellent quarters for 22 additional nurses. I recommend that the above sum be asked for the purpose specified.

At the time of the original purchase of the hospital land a farmhouse already stood on the premises. This house was used for some years and was later removed to a new location to make room for a more modern and commodious structure. For a long time this old building, with some minor additions, has been used for storage purposes. I recommend that this farmhouse be finished and furnished, giving accommodation for 20 persons. For this purpose \$4,600 will be needed.

The present method of disposing of the sewage coming from this institution is very far from being satisfactory. The sewage now flows into several beds located on the hospital property

and not far from Lake Quinsigamond. The general land formation there is, fortunately, such that the liquids filter off into the ground and disappear without overflow into the lake. The agitation concerning the proper disposal of the hospital sewage is a matter of long standing, and your Board has persistently requested legislative aid and direction in the solution of the problem. It has been proposed that efficient filter beds be constructed not far from the present beds. This doubtless could be accomplished and efficient treatment of the sewage obtained. The location of these beds, however, would of necessity not be very remote from the main highway and a thickly settled portion of the community. However well cared for it seems probable that beds so located would at times give off odors and might be an offence to neighbors and passers-by. It is my opinion that the best and most satisfactory method of disposing of the sewage of this institution is to turn it into the sewers of the city of Worcester, and to pay the city such compensation therefor as may be agreed upon. I recommend that legislation be sought authorizing this latter method of sewage disposal, and establishing the sum which shall be paid to the city in recompense. If this method be adopted it will be necessary to construct a new line of sewer pipe connecting the outflow from the hospital sewers with the city system. For the construction of this pipe line the sum of \$7,500 will be required.

The Hillside farm, located in Shrewsbury, is a valuable, undeveloped asset of the institution. At present a part of our herds are kept there and all of the piggeries. There are great possibilities in connection with this property for the development of a farm colony, and in the location for a home for convalescents.

The work of reconstruction and addition to the male wards of the institution is progressing rapidly, and will probably be completed in the late spring or early summer of next year. When this new accommodation becomes available it will add not only to the capacity of the institution but to its efficiency as well.

The purchase of the Curtis land has been completed, and this tract is now available for hospital use. The Putnam land could

not be purchased this year, but it may be possible at some future date to arrange either a purchase or an exchange of holdings with the owners of the property. This matter should be kept in mind for future consideration whenever the time may seem opportune.

My long association with your Board as superintendent of the asylum, and my earlier service here have combined to make me for the moment forget that I am a newcomer here now until I turn to consider the changes which have occurred in the medical staff. Dr. Quinby, after years of faithful service, has resigned. Dr. Hoch accepted a position on the staff of the McLean Hospital leaving this institution with the regret and best wishes of all his associates. Dr. Whitney was secured as his successor.

The summary of staff changes is as follows: —

RESIGNATIONS.

Dr. William M. Dobson, Jan. 31, 1912.

Dr. Paul K. Sellew, Feb. 7, 1912.

Dr. Harry A. Clark, Feb. 29, 1912.

Dr. Walter M. Crandall, May 6, 1912.

Dr. Ray L. Whitney, June 7, 1912.

Dr. Frank M. Lewis, Aug. 31, 1912.

Dr. Theodore A. Hoch, Aug. 31, 1912.

APPOINTMENTS.

Dr. Floyd A. Weed, June 1, 1912.

Dr. Frank E. Lewis, June 3, 1912.

Dr. S. Carleton Gwynne, July 1, 1912.

Dr. Ray L. Whitney, Sept. 1, 1912.

Dr. Henning V. Hendricks, Sept. 14, 1912.

Thanks are again due to the proprietors of the "Worcester Evening Gazette" and the "Fitchburg Sentinel" for copies of their papers, and to the Worcester Employment Society for assistance in sewing. Members of your Board and various other friends have given pictures, books and papers. These gifts are appreciated.

E. V. SCRIBNER,
Superintendent.

LABORATORY REPORT.

To the Superintendent of the Worcester State Hospital.

I herewith submit my report for the work of the laboratory for the current year, together with an outline of the plan of reorganization of the clinical work in the hospital.

The summer of 1912 has seen a third recurrence of dysentery in an epidemic form in this hospital, and a large share of the laboratory's activities during this part of the year have been devoted to a reinvestigation from the bacteriological standpoint of a large series of cases. This investigation is not as yet completed, and therefore no definite conclusions can be drawn. This year's epidemic consisted of 102 cases with 18 deaths. This shows a morbidity percentage calculated against the daily average population of 7.6 per cent., and a mortality percentage calculated against the number of cases of 14.8 per cent.

Comparison with the figures of the two previous years gives the following table:—

	MORBIDITY.		MORTALITY.	
	Cases.	Per Cent.	Cases.	Per Cent.
1910,	136	9.9	22	16.1
1911,	99	7.2	14	14.1
1912,	102	7.6	18	14.8
Totals,	237	—	54	—

In recording the latter half of the 1912 epidemic, note has been made of the cases of severe diarrhœa which accompany the more serious dysentery cases, but these have been excluded from the above series, so that the reports for the three years should be comparable. Some difficulty has been encountered on account of the lack of an efficient means of recording the incidence of various diseases. An attempt to

rectify this has been made in the establishment of a card index morbidity record, which will be described more fully in a later part of this report. An outline plan of the hospital on a wall board is under construction in the laboratory now, and it is hoped that the data obtained from the morbidity record when recorded on the chart will form a graphic record of the foci of spread of various diseases, which may be of value in improving intramural sanitation. There is little question that the male wing of the hospital has suffered earlier and to a greater extent than the female wing, and it also seems that certain wards of both sides are more affected than others. The graphic record on the board ought to give accurate and convincing data on this point.

The third annual visit of dysentery, with its total of 237 cases and 54 directly attributable deaths, in three years makes this problem one of the most acute ones in the hospital, and leaves us in the position of an endemic focus, the potential danger of which is effective not only in the institution itself, but in all the other institutions and communities of the State where patients who have been under our care, or where persons who have been in our employ, may find their way.

The occurrence of any of the acute intestinal infections in epidemic proportions is *a priori* evidence of transmission of contagion from the intestinal discharges of one case directly or indirectly to the alimentary canal of a susceptible individual. This conception makes of an intestinal epidemic a serious commentary on the sanitation of any institution. This rests with less weight on an institution for the care of the insane because of the unavoidable conditions of bad sanitation brought about by the filthy habits of certain of the patients.

The wards where the incidence seems to have been most severe are not those for the care of untidy patients and offer no obvious departure from inside conditions obtaining in other parts of the building. Further data may be obtained which will throw more light on this problem.

In the course of a sanitary inspection of outside conditions, stimulated by the dysentery outbreak, several conditions were apparent where marked deviations from accepted sanitary ideals

have been in evidence, but which are receiving attention. The most prominent of these are outside privies, the fly problem, sewage disposal, especially in its relation to the garden, and the handling of soiled bedding and clothing both in transit and at the laundry.

The privies located in the gardens and other parts of the grounds not reached by sewers have been replaced by the type of septic tank described by Lumsden, Roberts & Stiles in the United States Public Health Report No. 54. Their operation has not been entirely satisfactory on account of too great or improper demands on their capacity, and they have not as yet stood the test of a cold winter. While they are a marked improvement over the open privies, it is hoped that they can be replaced with something still more efficient.

The fly problem has proven still refractory. Our efforts have been followed by a reduction in the pest, but they have still been in evidence in large numbers in the wards. The results of the summer were, as a whole, rather discouraging, but the outlook is still good for an ultimate serviceable reduction of the nuisance by means of active and well-directed care of our own breeding-places. One probable source of many of our flies has not been as yet controlled by experiment or careful observation. This is the manure removed by contract from stables in the city and hauled to the hospital grounds for use as fertilizer. This material is obtained without reference to the care taken in shielding it from flies, and is in all probability not only heavily seeded with fly eggs, but also badly infested with larvæ and puparia. When spread immediately on its arrival here probably but few of the eggs and only a part of the larvæ are able to develop under the adverse conditions incident to the spreading, but the puparia probably hatch in considerable proportions. It is hoped that during the next summer some definite observations can be made on this point.

The matter of proper disposal of the hospital's sewage is of course a crucial one and is under active consideration, so that it need not be discussed here.

The system of handling the filthy clothing has been far from satisfactory, but is receiving attention, and improvements in

these methods are under way. A steam sterilizer of sufficient capacity to accommodate not only the clothing but the containers in which the clothing is brought from the wards is needed for the safe handling of this material.

A series of papers offered as a compliment to Dr. Quinby on his retirement from the superintendency have been collected, under the editorship of the pathologist, from men who have been formerly or are at present connected with the staff of this hospital. Five of these articles have already appeared in the columns of the "American Journal of Insanity," and others will appear in ensuing numbers of the same journal. It is planned to collect and bind a limited number of reprints from these articles into a volume for distribution. The list of contributors and the titles of their articles are as follows:—

- Peter Bassoe, M.D., Chicago. Unilateral Hypertrophy involving the Entire Left Side of the Body.
- Henry W. Miller, M.D., Superintendent, Eastern Maine Hospital for the Insane, Augusta, Me. Report of a Case of Pellagra in Maine with Remarks upon Recent Work on the Etiology of the Disease.
- Theodore A. Hoch, M.D., Assistant Physician, McLean Hospital, Waverley, Mass. A Statistical Study of Manic-depressive Insanity, with Especial Reference to Physical Illness as an Etiological Factor.
- Isador H. Coriat, M.D., Second Assistant Physician for Nervous Diseases, Boston City Hospital. The Relation of the Apraxia Problem to Psychiatry.
- E. V. Scribner, M.D., Superintendent, Worcester State Hospital. A Case of Epilepsy.
- A. M. Barrett, M.D., Director of the Psychopathic Hospital, Ann Arbor, Mich.; Professor of Psychiatry, University of Michigan. Diffuse Glioma of the Pia Mater.
- E. E. Southard, M.D., Director, Psychopathic Hospital, Boston, Mass.; Professor of Neuropathology, Harvard Medical School. A Series of Normal-looking Brains (from the Laboratory of the Worcester State Hospital).
- R. L. Whitney, M.D., First Assistant Physician, Worcester State Hospital. A Case of Frontal Brain Tumor.
- Adolf Meyer, M.D., Professor of Psychiatry, Johns Hopkins University.
1. The Nature of Metastatic Tumors of the Thyroid.
 2. New Formation of Nerve Cells in Isolated Part of Nervous Portion of the Hypophysis-tumor in a Case of Acromegala with Discussion of the Hypophysis.

Samuel T. Orton, M.D., Clinical Director and Pathologist, Worcester State Hospital; Instructor in Neuropathology, Harvard Medical School. 1. A Study of the Brain in a Case of Catatonic Hirntod. 2. Some Technical Methods for the Routine Examination of the Brain from Cases of Mental Disease.

Papers from the laboratory were read during the year at the meetings of the American Association of Pathologists and Bacteriologists held in Philadelphia, the American Medico-Psychological Association and the American Medical Association (section on nervous and mental diseases) held in Atlantic City, and the New England Society of Psychiatry and Neurology held at Danvers Insane Hospital.

The following articles have appeared in addition to the series above recorded:—

“Further Observations on the Fly Problem at the Worcester State Hospital, Massachusetts, 1911,” in the “Boston Medical and Surgical Journal,” Feb. 8, 1912, and “A Report of a Case of Extensive Brain Disease from Endarteritis, probably of Syphilitic Origin,” in the “Journal of the American Medical Association,” Oct. 5, 1912.

No changes have occurred in the personnel of the laboratory staff during the present year, except the addition of a temporary assistant to aid in the large amount of bacteriological work necessitated by the dysentery epidemic.

Sixty post-mortem examinations have been performed during the year. Classified according to the psychiatric diagnosis the cases were:—

General paralysis,	.	.	.	.	.	.	.	.	.	15
Senile psychosis,	.	.	.	.	.	.	.	.	.	12
Manic-depressive insanity,	.	.	.	.	.	.	.	.	.	9
Dementia præcox,	.	.	.	.	.	.	.	.	.	8
Organic dementia,	.	.	.	.	.	.	.	.	.	5
Alcoholic psychoses,	.	.	.	.	.	.	.	.	.	4
Imbecility,	.	.	.	.	.	.	.	.	.	4
Melancholia,	.	.	.	.	.	.	.	.	.	3

The cases classified by the major anatomical diagnoses were:—

Acute colitis,	7
Chronic nephritis,	6
Broncho-pneumonia,	5
Exhaustion,	4
Cardiorenal,	4
Cardiac,	3
Pulmonary œdema,	3
Pulmonary infaret,	3
Pulmonary abscess,	3
Tuberculosis,	3
Hypostatic pneumonia,	3
Lobar pneumonia,	2
Neoplasms (except brain tumor),	2
Septicæmia,	2
Aneurysm,	1
Internal hemorrhagic pachymeningitis,	1
Intestinal obstruction,	1
Erysipelas,	1
Brain tumor,	1
Softening of brain,	1
Empyema,	1
Subdural hemorrhage,	1
Typhoid fever,	1
Food asphyxia,	1

No additions of importance have been made to the laboratory equipment during the year.

During the latter part of the current year the direction of the clinical work in the hospital has been given into my hands, and its reorganization is being attempted along two lines: first, more systematic and better methods of record, and second, a more co-ordinate plan of study on the part of the medical staff. The first effort aims at a thorough and comprehensive series of notes taken at regularly specified intervals during the first six months after admission of a new case and in cases of longer residence, a physical examination and an urinalysis once in six months, with a comprehensive note on the mental condition at least once a year on every case. This part of the work alone makes an almost impossible call on the time of the staff, and calls attention sharply to the difficulty in keeping the full allotment of medical officers. The present medical staff have responded in a most gratifying manner to the additional work,

and their activity and willingness promise well for accomplishments of an exceptional nature. The stenographic force has been doubled to aid in the more ready handling of the increased volume of records, and further simplification of the handling of records by means of card indices is planned.

A morbidity record by means of a card index has been started to include data of interest in all cases of infectious and contagious diseases and some other diseases of questionable etiology. These cards in printed form are filled out by the ward physician, and are kept on file at the laboratory. As mentioned earlier in this report, a wall board with a plan of the hospital is being constructed in the laboratory on which the cases can be indicated by means of colored thumbtacks to give visual evidence of the foci of occurrence of any disease of an infectious nature under consideration.

The second line of endeavor includes several subheads. Staff meetings are held every morning of the week, except Saturdays and Sundays, for the consideration of cases of interest, cases with uncertain diagnosis, and those in which discharge from the institution is requested or under consideration. The time allotted to this work (from an hour to an hour and a half) is proving insufficient for the presentation of all cases of the above types; but any increase of the time applied without concordant increase in the numbers of the staff would prove a handicap in the ward work. At these meetings the case history is presented in brief abstract, further data being elicited from the patient on direct questioning. The diagnosis is not stated by the presenting physician, the opinion of the physician of the corresponding service of the opposite wing being given from the data of the abstract and examination. The direct examination and the opinion of each member of the staff is recorded by a stenographer and forms part of the case record.

On Saturday morning the staff meeting hour is given over to a literature review. The current medical journals on file at the hospital are assigned to individual members of the staff, each of whom reports about once a month the articles of interest in his assignment.

Twice a week a morning is devoted to a bedside clinic on the admission service. These visits alternate between the male

and female wings, and the staff of the corresponding wing is accompanied by the first assistant physician and by the clinical director for the purpose of observation of the newly admitted cases.

Evening meetings are being held as formerly once a week at the laboratory. Three of these meetings in each month are devoted to review of subjects of laboratory interest, — reports of post mortems, talks on anatomical, histological or physiological subjects, special laboratory investigations, etc. At present the pathologist is offering at these meetings a formal course in the anatomy, histology and histopathology of the central nervous system, with illustration by means of microscopic projection. The fourth meeting of each month is devoted to a symposium on assigned psychiatric topics. At these symposia some one of the mental diseases or of its subdivisions is assigned to one of the staff, who presents an outline of the characteristic features of his assignment which is followed by a general discussion. Later these subjects will be repeated with more careful analysis and dissection of the individual symptoms. It is hoped to expand these symposia in time into clinics open to the medical profession for the purpose of bringing the work and aims of the hospital into more intimate relation with the members of the profession in our district.

A subject of considerable importance is now under discussion, and an attempt at its solution is planned for the near future. I refer to the reclassification of patients and redistribution of the medical services to establish an effective acute or admission service. All new cases on admission require a very much greater amount of individual study, observation and appropriate treatment, and to enable this concentration in its best form the physicians in charge of these services on the two sides of the hospital should be relieved entirely, if possible, of the care and observation of the more chronic cases. This should in no way discourage attempts at improvement of the chronic cases by proper treatment, education and occupation, but merely focalize the effort of one medical service on the new cases for their more complete understanding and better handling.

SAMUEL TORREY ORTON, A.M., M.D.,

Clinical Director and Pathologist.

PRODUCTS OF THE FARM

ON HAND DEC. 1, 1912, AND NOT DELIVERED AT THE HOSPITAL.

Apples, barrels, . . . 294	Cucumbers, pickle, pecks, . 528
Beets, bushels, . . . 740	Mangel-wurzels, bushels, . 1,300
Cabbage, tons, . . . 37	Onions, bushels, . . . 870
Carrots, bushels, . . . 520	Parsnips, bushels, . . . 350
Celery, boxes, . . . 190	Squash, winter, tons, . . . 24
Cauliflower, boxes, . . . 34	Turnips, barrels, . . . 273

FARM ACCOUNT.

	DR.
Bread,	\$384 41
Butter,	1,169 98
Blacksmith and supplies,	422 61
Carriage and wagon repairs,	79 90
Current expenses,	1,003 63
Fertilizer,	748 62
Fish,	178 62
Fuel,	1,191 80
Furnishings,	1,047 99
Groceries,	2,467 58
Harness and repairs,	11 00
Hay, grain, etc.,	10,928 82
Ice,	209 40
Live stock: —	
Pigs,	12 00
Meats,	2,347 38
Milk,	1,981 68
Repairs,	531 46
Seeds,	280 77
	\$24,997 55
<i>Amount carried forward,</i>	

<i>Amount brought forward,</i>	\$11,387 43
Manure, 6 cords,	6 00
Milk, 431,255 quarts,	34,500 40
Muskmelons, 18 crates,	27 00
Oats, 590 bushels,	354 00
Onions, 680.08 bushels,	442 05
Parsley, 9.75 bushels,	3 90
Parsnips, 290 bushels,	217 50
Peas, green, 116.5 bushels,	174 75
Peppers, 1 bushel,	60
Plants, 2,900,	29 00
Pork, 30,845 pounds,	3,680 90
Potatoes, 80 bushels,	56 00
Radishes, 214 dozen bunches,	64 20
Raspberries, 71 quarts,	10 65
Rhubarb, 11,840 pounds,	236 80
Sand, 77 yards,	96 25
Skins, 4,	6 10
Squash, summer, 20.8 barrels,	17 68
Squash, winter, 16.54 tons,	413 50
Scullions, 9 bushels,	3 60
Spinach, 465 bushels,	162 75
Straw, .55 ton,	11 00
Strawberries, 4,669 quarts,	466 90
Tomatoes, ripe, 1,033.66 bushels,	1,033 66
Tomatoes, green, 46 bushels,	34 50
Turnips, 203.18 barrels,	203 18
Veal, 211 pounds,	25 32
Labor of patients, 2,742 days,	2,742 00
Labor of farm attendants, 1,625 days,	2,437 50
Teaming, 759.5 days,	3,038 00
Double harness,	20 00
Old wagon,	10 00
Registration refunded,	12 75
	<hr/>
	\$61,925 87

VALUATION OF PERSONAL ESTATE.

Nov. 30, 1912.

Food,	\$10,344 22
Clothing and clothing material,	11,368 31
Furnishings,	78,114 37
Heat, light and power,	3,418 41
Repairs and improvements,	5,297 67
Farm, stable and grounds,	42,773 42
Miscellaneous,	14,833 55
	<hr/>
	\$166,149 95

TREASURER'S REPORT.

To the Trustees of the Worcester State Hospital.

I respectfully submit the following report of the finances of this institution for the fiscal year ending Nov. 30, 1912:—

CASH ACCOUNT.			
Balance Dec. 1, 1911,	.	.	\$8,510 86
<i>Receipts.</i>			
<i>Institution Receipts.</i>			
Board of inmates:—			
Private,	.	\$43,352 76	
Reimbursements, insane,	.	21,065 25	
Cities and towns,	.	41 32	
			\$64,459 33
Sales:—			
Food,	.	\$1,162 71	
Clothing and materials,	.	335 37	
Furnishings,	.	4 00	
Heat, light and power,	.	6 25	
Repairs and improvements,	.	101 59	
Miscellaneous,	.	294 58	
Farm, stable and grounds:—			
Cows and calves,	.	876 00	
Pigs and hogs,	.	12 00	
Hides,	.	32 77	
Sundries,	.	188 40	
			3,013 67
Miscellaneous receipts:—			
Interest on bank balances,	.	\$615 54	
Rent,	.	420 00	
			1,035 54
			68,508 54
Sale of land,	.	.	5,000 00
<i>Receipts from Treasury of Commonwealth.</i>			
Maintenance appropriations:—			
Balance of 1911,	.	\$14,073 75	
Advance money (amount on hand November 30),	.	13,500 00	
Approved schedules of 1912,	.	\$294,074 09	
Less returned,	.	125 24	
			293,948 85
			321,522 60
Special appropriations,	.	.	45,829 53
Total,	.	.	\$449,371 53

Payments.

To treasury of Commonwealth, institution receipts,	\$68,508 54
Sale of land,	5,000 00
Maintenance of appropriations:—	
Balance November schedule, 1911,	\$22,584 61
Eleven months' schedules, 1912,	293,948 85
November advances,	5,730 99
	<hr/>
	322,264 45
Special appropriations:—	
Approved schedules,	45,829 53
Balance Nov. 30, 1912:—	
In bank,	\$6,383 63
In office,	1,385 38
	<hr/>
	7,769 01
Total,	<hr/>
	\$449,371 53

MAINTENANCE.

Appropriation,	\$308,000 00
Expenses (as analyzed below),	316,495 20
	<hr/>
Deficit,	\$8,495 20

Analysis of Expenses.

Salaries, wages and labor:—	
General administration,	\$30,355 14
Medical service,	13,593 36
Ward service (male),	25,227 03
Ward service (female),	26,452 39
Repairs and improvements,	17,483 16
Farm, stable and grounds,	16,241 43
	<hr/>
	\$129,352 51
Food:—	
Butter,	\$15,938 87
Beans,	1,222 13
Bread and crackers,	489 68
Cereals, rice, meal, etc.,	1,762 23
Cheese,	1,177 44
Eggs,	6,635 08
Flour,	11,892 53
Fish,	3,701 82
Fruit (dried and fresh),	2,353 89
Meats,	26,481 96
Milk,	753 46
Molasses and syrup,	433 58
Sugar,	6,529 91
Tea, coffee, broma and cocoa,	2,076 70
Vegetables,	5,818 47
Sundries,	2,277 69
	<hr/>
	89,545 44
Amount carried forward,	<hr/>
	\$218,897 95

<i>Amount brought forward,</i>		\$218,897 95
Clothing and materials: —		
Boots, shoes and rubbers,	\$1,946 18	
Clothing,	4,715 50	
Dry goods for clothing and small wares,	2,262 93	
Furnishing goods,	219 76	
Hats and caps,	130 46	
Leather and shoe findings,	30 27	
Sundries,	53 57	
		9,358 67
Furnishings: —		
Beds, bedding, table linen, etc.,	\$8,758 24	
Brushes, brooms,	609 95	
Carpets, rugs, etc.,	589 73	
Crockery, glassware, cutlery, etc.,	681 27	
Furniture and upholstery,	803 20	
Kitchen furnishings,	671 00	
Wooden ware, buckets, pails, etc.,	228 19	
Sundries,	920 16	
		13,261 74
Heat, light and power: —		
Coal,	\$24,031 89	
Gas,	391 53	
Oil,	286 69	
Sundries,	117 94	
		24,828 05
Repairs and improvements: —		
Brick,	\$142 38	
Cement, lime and plaster,	480 31	
Doors, sashes, etc.,	210 94	
Electrical work and supplies,	1,451 38	
Hardware,	1,402 89	
Lumber,	1,347 25	
Machinery, etc.,	34 50	
Paints, oil, glass, etc.,	2,956 82	
Plumbing, steam fitting and supplies,	1,747 08	
Roofing and materials,	493 83	
Sundries,	1,494 49	
		11,761 87
Farm, stable and grounds: —		
Blacksmith and supplies,	\$637 03	
Carriages, wagons, etc., and repairs,	1,094 53	
Fertilizers, vines, seeds, etc.,	1,153 82	
Hay, grain, etc.,	12,937 25	
Harnesses and repairs,	122 44	
Other live stock,	12 00	
Rent,	250 00	
Tools, farm machines, etc.,	315 86	
Sundries,	1,557 28	
		18,080 21
Miscellaneous: —		
Books, periodicals, etc.,	\$600 83	
Religious services,	660 00	
<i>Amounts carried forward,</i>	\$1,260 83	\$296,188 49

<i>Amounts brought forward,</i>	\$1,260 83	\$296,188 49
<i>Miscellaneous — Con.</i>		
Entertainment,	144 90	
Freight, expressage and transportation,	1,109 51	
Funeral expenses,	272 00	
Gratuities,	58 24	
Hose, etc.,	329 68	
Ice,	291 75	
Medicines and hospital supplies,	2,692 78	
Medical attendance, nurses, etc. (extra),	360 43	
Postage,	491 18	
Printing and printing supplies,	321 52	
Printing annual report,	169 38	
Return of runaways,	359 80	
Soap and laundry supplies,	2,914 82	
Stationery and office supplies,	873 97	
School books and school supplies,	175 41	
Travel and expenses (officials),	540 96	
Telephone and telegraph,	508 00	
Tobacco,	1,355 78	
Water,	4,459 53	
Sundries,	1,616 24	
		20,306 71
Total expenses for maintenance,		\$316,495 20

SPECIAL APPROPRIATIONS.

Balance Dec. 1, 1911,	\$12,100 00
Appropriations for fiscal year (\$111,700 plus \$101.77 from extraordinary expenses),	111,801 77
Total,	\$123,901 77
Expended during the year (see statement annexed),	\$45,829 53
Reverting to treasury of Commonwealth,	12,100 00
	57,929 53
Balance Nov. 30, 1912,	\$65,972 24

RESOURCES AND LIABILITIES.

Resources.

Cash on hand,	\$7,769 01
November cash vouchers (paid from advance money),	5,730 99
Due from treasury of Commonwealth account	
November, 1912, schedule,	551 15
	\$14,051 15

Liabilities.

Schedule of November bills,	\$22,546 35
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PER CAPITA.

During the year the average number of inmates has been 1,349.58.

Total cost for maintenance, \$316,495.20.

Equal to a weekly per capita cost of \$4.49+.

Receipts from sales, \$3,013.67.

Equal to a weekly per capita of \$0.0428.

All other institution receipts \$65,494.87.¹

Equal to a weekly per capita of \$0.9305.

INDUSTRIES FUND.

Appropriation,	\$300 00
Receipts credited,	-
	<hr/>
	\$300 00
Expenditures,	-
	<hr/>
Balance Nov. 30, 1912,	\$300 00

¹ Sale of land, \$5,000, not included.

Special Appropriations.

OBJECT.	Act or Resolve.	Whole Amount.	Expended during Fiscal Year.	Expended to Date.	Balance at End of Year.
Alterations and repairs,	Res. 1911, chap. 150	\$10,000 00	—	—	\$10,000 00 ¹
Two elevators,	Res. 1911, chap. 150	2,100 00	—	—	2,100 00 ¹
Accommodations for 100 male patients,	Acts 1912, chap. 129	84,000 00	\$26,277 76	\$26,277 76	57,722 24
Salisbury wards,	Acts 1912, chap. 129	10,000 00	5,950 00	5,950 00	4,050 00
Two elevators,	Acts 1912, chap. 129	4,200 00	—	—	4,200 00
Purchase of land,	Acts 1912, chap. 129	13,500 00	13,500 00	13,500 00	—
Purchase of land transferred (from extraordinary expenses),	—	101 77	101 77	101 77	—
		\$123,901 77	\$45,829 53	\$45,829 53	\$65,972 24

¹ Reverting to treasury of the Commonwealth.

Respectfully submitted,

E. V. SCRIBNER,

Treasurer.

Examined and found correct as compared with the records in the office of the Auditor of the Commonwealth.

WARREN A. MERRILL,

Assistant Supervisor of Accounts.

STATEMENT OF FUNDS.

PATIENTS' FUND.

Balance on hand Nov. 30, 1911,	\$5,003 51	
Receipts,	2,275 78	
Interest on bank balance,	158 31	
		<hr/>
		\$7,437 60
Interest paid to State Treasurer,	\$158 31	
Refunded,	2,953 83	
		<hr/>
		3,112 14
		<hr/>
		<u>\$4,325 46</u>

Investment.

Worcester County Institution for Savings,	\$2,000 00	
Worcester Five Cents Savings Bank,	1,000 00	
Balance Worcester National Bank,	1,067 64	
Cash on hand Dec. 1, 1912,	257 82	
		<hr/>
		\$4,325 46

LEWIS FUND.

Balance on hand Nov. 30, 1911,	\$1,481 31	
Income,	58 92	
		<hr/>
		\$1,540 23
Expended for vault rent,	6 00	
		<hr/>
		<u>\$1,534 23</u>

Investment.

American Telephone and Telegraph Company		
Bond,	\$926 36	
Worcester County Institution for Savings,	342 60	
Balance Worcester National Bank,	265 27	
		<hr/>
		\$1,534 23

WHEELER FUND.

Balance on hand Nov. 30, 1911,	\$5,287 27	
Income,	234 71	
		<hr/>
		\$5,521 98
Expended for books,	140 56	
		<hr/>
		\$5,381 42

Investment.

6 shares Worcester National Bank,	\$1,002 00
American Telephone and Telegraph Company Bond,	712 50
Worcester County Institution for Savings,	1,600 00
Worcester Five Cents Savings Bank,	1,719 47
Mechanics Savings Bank,	166 86
Balance Worcester National Bank,	180 59
	<hr/>
	\$5,381 42

LAWN FUND.

Balance on hand Nov. 30, 1911,	\$435 14
Income,	17 56
	<hr/>
	\$452 70

Investment.

Mechanics Savings Bank,	\$452 70
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MANSON FUND.

Balance on hand Nov. 30, 1911,	\$1,564 65
Income,	63 18
	<hr/>
	\$1,627 83

Investment.

Worcester County Institution for Savings,	\$1,627 83
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Respectfully submitted,

E. V. SCRIBNER,

Treasurer of the Corporation.

Nov. 30, 1912.

WORCESTER, MASS., Dec. 6, 1912.

I hereby certify that I have this day compared the treasurer's statement of funds for the year ending Nov. 30, 1912, with the books kept at the Worcester State Hospital, and find it correct. I have also inspected the securities representing the investments and find their value is as stated.

GEO. L. CLARK,

Auditor of Accounts.

STATISTICAL TABLES.

[FORM PRESCRIBED BY STATE BOARD OF INSANITY.]

1. — General Statistics of the Year.

	INSANE.			TEMPORARY CARE.			INEBRIATES.			AGGREGATES.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Patients in the hospital Sept. 30, 1911, Viz: regularly committed,	673	664	1,337	1	-	1	-	-	9	674	673	1,347
emergency,	673	664	1,337	-	-	-	-	-	9	673	673	1,346
voluntary,	-	-	-	-	-	-	-	-	-	-	-	-
temporary care,	-	-	-	-	-	-	-	-	-	-	-	-
Admitted within the year, Viz: by regular commitment,	305	274	579	14	5	19	-	-	7	319	286	605
emergency,	247	228	475	-	-	-	-	-	7	247	235	482
voluntary,	-	-	-	-	-	-	-	-	-	-	-	-
temporary care,	5	6	11	-	-	-	-	-	-	5	6	11
viz: observation, by others,	-	-	-	14	5	19	-	-	-	14	5	19
by transfer, from visit,	4	5	9	7	2	9	-	-	-	7	2	9
from escape, Nominal admissions for discharge, Viz: from visit,	3	2	5	-	-	-	-	-	-	4	3	7
from escape, Nominal admissions for discharge, Viz: from visit,	38	32	70	-	-	-	-	-	-	38	32	70
from escape, Whole number of cases within the year, Dismissed within the year,	37	32	69	-	-	-	-	-	-	37	32	69
as recovered, as capable of self-support, as improved,	1	1	2	15	5	20	-	-	16	993	959	1,952
as not improved, as not insane,	978	938	1,916	15	5	20	-	-	16	359	293	652
died,	345	276	621	14	5	19	-	-	12	359	293	652
transferred,	108	104	212	13	5	18	-	-	11	121	120	241
escaped,	32	43	75	6	3	9	-	-	11	38	54	92
on visit Oct. 1, 1912, Nominal dismissals for commitment,	33	30	63	3	3	6	-	-	-	33	33	66
	9	14	23	1	1	2	-	-	-	10	14	24
	32	14	46	2	2	4	-	-	-	34	16	50
	2	5	7	4	4	8	-	-	-	6	3	9
	86	56	142	-	-	-	-	-	-	86	56	142
	78	59	137	-	-	-	-	-	-	78	60	138
	18	5	23	-	-	-	-	-	-	18	5	23
	55	52	107	-	-	-	-	-	-	55	52	107
	-	-	-	1	-	1	-	-	-	1	-	1

1. — General Statistics of the Year — Concluded.

	INSANE.		TEMPORARY CARE.		INEBRIATES.		AGGREGATES.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Patients remaining Sept. 30, 1912,	633	662	1,295	1	4	4	634	666	1,300
Viz: regularly committed,	633	662	1,295	-	4	4	633	666	1,299
emergency,	-	-	-	-	-	-	-	-	-
voluntary,	-	-	-	-	-	-	-	-	-
temporary care,	526	505	1,031	1	4	4	527	509	1,036
supported as State patients,	52	64	116	-	-	-	52	64	116
as reimbursing patients,	55	93	148	-	-	-	55	93	148
as private patients,	931	904	1,835	15	15	15	946	924	1,870
Number of different persons within the year,	261	243	504	14	6	6	275	254	529
Number of different persons admitted,	247	234	481	14	5	7	261	246	507
Number of different persons dismissed,	300	244	544	14	5	11	314	260	574
Number of different persons dismissed to the commu-	222	184	406	14	5	11	236	200	436
nity,	32	43	75	6	10	10	38	53	91
Number of different persons recovered,	32	30	62	-	3	3	32	33	65
Number of different persons capable of self-support,	676.87	675.95	1,352.82	1.13	.71	1.84	678.00	681.89	1,359.89
Daily average number of patients,	571.08	515.57	1,086.65	1.03	5.03	5.03	572.11	521.31	1,093.42
Viz: State patients,	50.90	60.38	120.03	-	-	-	50.90	69.13	120.03
reimbursing patients,	54.89	91.25	146.14	.10	-	-	54.99	91.25	146.24
private patients,	-	-	-	-	-	-	-	1	1
Whole number of emergency admissions,	-	-	-	-	-	-	-	5	7
Whole number of voluntary admissions,	-	-	-	-	-	-	.67	2.99	3.66
Daily average number of voluntary patients,	-	-	-	-	-	-	29	13	42
Whole number of temporary care admissions,	-	-	-	-	-	-	1.08	.61	1.69
Daily average number of temporary care patients,	-	-	-	-	-	-	-	-	-

2. — *Insane received on First and Subsequent Commitment.*

NUMBER OF THE COMMITMENT.	CASES COMMITTED.		
	Males.	Females.	Totals.
First to this hospital,	217	202	419
Second to this hospital,	29	21	50
Third to this hospital,	3	3	6
Fourth to this hospital,	—	4	4
Fifth to this hospital,	2	1	3
Seventh to this hospital,	1	1	2
Eighth to this hospital,	—	1	1
Eleventh to this hospital,	—	1	1
Total cases,	252	234	486
Total persons,	246	230	476
Never before in any hospital for the insane, . . .	197	187	384

3. — *Nativity and Parentage of Insane Persons first admitted to Any Hospital.*

PLACES OF NATIVITY.	MALES.			FEMALES.			TOTALS.		
	Patient.	Father.	Mother.	Patient.	Father.	Mother.	Patient.	Father.	Mother.
Massachusetts,	66	26	31	57	26	22	123	52	53
Other New England States,	22	20	18	25	21	24	47	41	42
Other States,	10	6	5	9	5	4	19	11	9
Total native,	98	52	54	91	52	50	189	104	104
Other countries: —									
Armenia,	—	—	—	1	1	1	1	1	1
Austria,	1	1	1	1	1	1	2	2	2
Azore Islands,	2	1	1	2	2	2	4	3	3
Belgium,	—	—	—	1	1	1	1	1	1
Canada,	14	22	21	14	17	16	28	39	37
Cape Breton,	—	1	—	—	1	1	1	2	1
Denmark,	1	1	1	—	1	1	1	2	2
England,	7	7	6	7	9	6	14	16	12
Finland,	3	3	3	4	4	4	7	7	7
Germany,	2	5	3	2	3	3	4	8	6
Greece,	2	2	2	—	—	—	2	2	2
Ireland,	23	40	44	26	48	54	49	88	98
Italy,	4	5	4	3	3	3	7	8	7
Madeira Islands,	1	1	1	—	—	—	1	1	1
New Brunswick,	3	6	2	1	2	2	4	8	4
Newfoundland,	—	—	1	1	—	1	1	—	2
Nova Scotia,	3	3	3	7	6	7	10	9	10
Poland,	5	5	5	—	—	—	5	5	5
Portugal,	—	—	—	—	1	1	—	1	1
Prince Edward Islands,	2	2	2	2	—	1	4	2	3
Russia,	10	10	9	5	4	4	15	14	13
Scotland,	2	2	3	2	5	3	4	7	6
Spain,	2	1	1	—	—	—	2	1	1
Sweden,	5	6	6	9	9	9	14	15	15
Syria,	1	1	1	—	—	—	1	1	1
Turkey,	2	2	2	—	—	—	2	2	2
Wales,	1	1	1	—	—	—	1	1	1
West Indies,	—	—	—	2	2	2	2	2	2
Total foreign,	96	123	123	91	120	123	187	248	246
Unknown,	3	17	20	5	15	14	8	32	34
Totals,	197	197	197	187	187	187	384	384	384

4. — *Residence of Insane Persons admitted from the Community.*

PLACES.	FIRST ADMITTED TO ANY HOSPITAL.			OTHER ADMISSIONS.			TOTALS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Massachusetts (by counties): —									
Bristol,	1	—	1	1	—	1	2	—	2
Essex,	2	—	2	1	—	1	3	—	3
Middlesex,	64	64	128	10	13	23	74	77	151
Norfolk,	—	3	3	—	—	—	—	3	3
Suffolk,	19	10	29	7	3	10	26	13	39
Worcester,	111	110	221	31	31	62	142	141	283
Totals,	197	187	384	50	47	97	247	234	481
Cities or large towns (10,000 or over),	156	148	304	39	37	76	195	185	380
Country districts (under 10,000), . .	41	39	80	11	10	21	52	49	101

5. — *Civil Condition of Insane Persons first admitted to Any Hospital.*

	Males.	Females.	Totals.
Unmarried,	82	64	146
Married,	88	77	165
Widowed,	21	39	60
Divorced,	4	3	7
Totals,	195	183	378
Unknown,	2	4	6
Totals,	197	187	384

6. — *Occupation of Insane Persons first admitted to Any Hospital.*

FEMALES.

Cashier,	1	School-teacher,	1
Clerks,	4	Seamstress,	1
Compositor,	1	Stenographer,	1
Cooks,	2	Student,	1
Dressmaker,	1	Tailoress,	1
Domestics,	32	Waitress,	1
Housekeepers,	20	No occupation,	47
Housewives,	53		—
Laundress,	1	Total,	183
Milliner,	1	Unknown,	4
Nurse,	1		—
Operatives,	13	Total,	187

MALES.

Agents,	2	Hackman,	1
Baker,	1	Hatter,	1
Barbers,	2	Hostlers,	2
Bar tender,	1	Janitor,	1
Blacksmiths,	3	Laborers,	48
Cabinet makers,	2	Letter carrier,	1
Carpenters,	13	Lithographer,	1
Cigar maker,	1	Machinists,	5
Clerks,	10	Mechanics,	2
Coachmen,	3	Merchants,	2
Draughtsman,	1	Millwright,	1
Electrician,	1	Miner,	1
Engineer,	1	Musician,	1
Farmers,	7	Operatives,	28
Firemen,	5	Painters,	4
Fish cutter,	1	Physician,	1
Gardener,	1	Printers,	3

6. — *Occupation of Insane Persons first admitted to Any Hospital — Concluded.*

MALES — <i>Concluded.</i>			
Proofreader,	1	Waiter,	1
Reporter,	1	No occupation,	20
Restaurant keeper,	1		—
Sea captain,	1	Total,	192
Students,	4	Unknown,	5
Superintendent,	1		—
Tailor,	1	Total,	197
Teamsters,	3		

8. — Probable Causes of Mental Disease in Persons first admitted to Any Hospital.

EXCITING CAUSES.	ADMITTED.			PREDISPOSING CAUSES.							
	Males.	Females.	Totals.	HEREDITARY TENDENCY.			NEUROTIC TENDENCY.			ALCOHOLIC TENDENCY.	
				Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.
<i>Physical.</i>											
Adolescence,	6	—	6	1	—	1	—	—	—	1	—
Adolescence and other causes,	3	—	3	—	—	—	2	—	2	—	—
Alcohol,	35	3	38	2	1	3	5	2	7	35	3
Alcohol and other causes,	9	3	12	2	—	2	—	2	2	9	3
Arteriosclerosis,	6	5	11	—	—	—	—	1	1	1	—
Arteriosclerosis and other causes,	14	19	33	2	1	3	1	6	7	—	1
Cerebral hemorrhage,	5	4	9	1	—	1	2	1	3	—	—
Cerebral hemorrhage and other causes,	2	—	2	1	—	1	—	—	—	—	—
Childbirth,	—	4	4	—	—	—	—	1	1	—	—
Childbirth and other causes,	—	2	2	—	1	1	—	1	1	—	—
Chorea,	1	—	1	1	—	1	—	—	—	—	—
Congenital,	11	6	17	1	2	3	3	2	5	1	—
Constitutional predisposition,	11	9	20	3	2	5	3	3	8	2	—
Constitutional predisposition and other causes,	2	1	3	—	1	1	—	—	—	—	—
Epilepsy,	5	4	9	—	1	1	—	3	1	—	—
Gross brain lesion,	1	—	1	1	—	1	1	1	1	1	—
Heredity,	12	33	45	12	33	45	2	20	22	2	—
Heredity and other causes,	6	—	6	6	—	6	2	—	2	1	—
Ill health,	2	5	7	—	1	1	1	3	4	—	—

9. — *Probable Duration of Mental Disease before Admission.*

PREVIOUS DURATION.	FIRST ADMITTED TO ANY HOSPITAL.		
	Males.	Females.	Totals.
Congenital,	14	11	25
Under 1 month,	31	26	57
From 1 to 3 months,	30	21	51
3 to 6 months,	19	22	41
6 to 12 months,	20	24	44
1 to 2 years,	12	11	23
2 to 5 years,	24	30	54
5 to 10 years,	15	9	24
10 to 20 years,	3	15	18
Over 20 years,	—	5	5
Totals,	168	174	342
Unknown,	28	10	38
Not insane,	1	3	4
Totals,	197	187	384
Average known duration (in years), .	4.23	4.53	4.38

10. — *Form of Mental Disease in Patients admitted from the Community, discharged, with Condition on Discharge, or died.*

FORM OF DISEASE.	COMMITTED.			DISCHARGED.												TOTAL DISCHARGES AND DEATHS.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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11. — Discharges of the Insane, classified by Admission and Result.

NUMBER OF THE ADMISSION.	RECOVERED.			CAPABLE OF SELF-SUPPORT.			IMPROVED.			NOT IMPROVED.			NOT INSANE.			DIED.			AGGREGATES.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
First to this hospital, . . .	30	36	66	27	25	52	8	10	18	28	13	41	2	3	5	79	54	133	174	141	315
Second to this hospital, . .	2	5	7	6	2	8	1	2	3	4	1	5	—	—	—	5	1	6	18	11	29
Third to this hospital, . . .	—	1	1	—	2	2	—	2	2	—	—	—	—	—	—	—	—	—	—	5	5
Fourth to this hospital, . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	1	1	2
Tenth to this hospital, . . .	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Eleventh to this hospital, . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Sixteenth to this hospital, .	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	1	—	1	1	—	1
Total cases,	32	43	75	33	30	63	9	14	23	32	14	46	2	3	5	86	56	142	194	160	354
Total persons,	32	43	75	32	30	62	9	14	23	32	14	46	2	3	5	86	56	142	193	160	353
First admitted to any hospital,	27	30	57	25	25	50	6	7	13	25	12	37	2	3	5	77	52	129	162	129	291

[illegible]

[illegible]

13. — Duration of Mental Disease and its Treatment in Patients who recovered or died.

PERIOD.	FIRST ADMITTED TO ANY HOSPITAL.						ALL OTHER ADMISSIONS.		
	DURATION BEFORE ADMISSION.			HOSPITAL RESIDENCE.			WHOLE DURATION.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
A. — Recovered:—									
Under 1 month, . . .	19	14	33				5	1	6
From 1 to 3 months, . . .	6	7	13	8	14	22	8	9	17
3 to 6 months, . . .	—	4	4	5	6	11	6	6	12
6 to 12 months, . . .	1	1	2	3	2	5	4	4	8
1 to 2 years, . . .	—	1	1	1	3	4	2	4	6
2 to 5 years, . . .	—	—	—	1	3	4	1	3	4
5 to 10 years, . . .	—	1	1	—	—	—	—	1	1
10 to 20 years, . . .	—	—	—	—	—	—	—	—	—
Over 20 years, . . .	—	—	—	—	—	—	—	—	—
Totals, . . .	26	28	54	27	30	57	26	28	54
Unknown, . . .	1	2	3	—	—	—	1	2	3
Totals, . . .	27	30	57	27	30	57	27	30	57
Average of known cases (in months), . . .	.75	4.26	2.61	5.12	8.00	6.35	4.82	12.88	7.09
							14.81	20.25	18.78
							5	13	18
							10.83	15.25	14.05

THIRTY-FIFTH ANNUAL REPORT

OF THE

WORCESTER STATE ASYLUM

AT

WORCESTER,

FOR THE

YEAR ENDING NOVEMBER 30, 1912.

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OFFICERS OF THE ASYLUM.

TRUSTEES.

SAMUEL B. WOODWARD,	WORCESTER.
GEORGE F. BLAKE,	WORCESTER.
LYMAN A. ELY,	. . . . .	WORCESTER.
THOMAS H. GAGE,	. . . . .	WORCESTER.
THOMAS RUSSELL,	. . . . .	BOSTON.
CARRIE B. HARRINGTON,	. . . . .	WORCESTER.
GEORGIE A. BACON,	. . . . .	WORCESTER.

RESIDENT OFFICERS.

H. LOUIS STICK, M.D.,	. . .	<i>Superintendent and Treasurer.</i>
B. HENRY MASON, M.D.,	. . .	<i>Assistant Physician.</i>
ARTHUR E. PATTRELL, M.D.,	. . .	<i>Assistant Physician.</i>
DONALD R. GILFILLAN, M.D.,	. . .	<i>Assistant Physician.</i>
HIRAM L. HORSMAN, M.D.,	. . .	<i>Assistant Physician.</i>
EFFIE A. STEVENSON, M.D.,	. . .	<i>Assistant Physician.</i>

NONRESIDENT OFFICERS.

GEORGE L. CLARK,	. . . . .	<i>Examiner.</i>
SUSIE G. WARREN,	. . . . .	<i>Clerk.</i>
FREDERICK H. BAKER, M.D.,	. . . . .	<i>Pathologist.</i>
FOREST A. SLATER,	<i>Engineer.</i>

CONSULTING SURGEON.

LEMUEL F. WOODWARD, M.D.,	WORCESTER.
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The Commonwealth of Massachusetts.

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

The trustees of the Worcester State Hospital, having in charge the Worcester State Asylum, herewith respectfully present their thirty-fifth annual report.

For details of the finances and of the health, admission, transfer and discharge of inmates they refer to the reports of the superintendent and treasurer hereto appended.

The asylum has continued to care for its full quota of patients, and has been, as heretofore, the administrative headquarters of the colony, which now equals it in population, while its laundry and bakery have supplemented the colony facilities, never extensive and now entirely inadequate.

By legislative act the Worcester buildings are to be vacated before Jan. 1, 1915. During the last ten years, and, at an expense of over \$100,000, the institution has been thoroughly modernized and brought to a high state of efficiency, and it will be necessary to expend very little here during the limited time that still remains before the removal to Grafton. No special appropriation is asked for in Worcester.

At Grafton much work has been done during the year. The home for female nurses has been completed and is now occupied. Two dormitories for 50 patients each, partially occupied last year, are completed and ready for use. Two similar buildings, authorized in 1911, are nearly completed, and still another two, authorized this year, are in process of construction. These

six buildings will, when finished, add 300 beds to those already provided. The cold-storage building has been finished and is in use. An addition made to the old farmhouse at No. 2 provides a commodious kitchen and serving room, while 4 employees find quarters in the second story, and 25 additional patients are served in the old kitchen, transformed into a dining room. A short stretch of public road has been built, the capacity of the ice pond doubled, and some 10 acres or more of wild land reclaimed. The house at Valley farm has, by building a small addition and by making slight interior changes, been fitted to accommodate two families of employees, and is now thus occupied. Much grading and excavating has been done and the usual farm work carried on.

As far as possible patients have been employed, and were there sent to this colony a larger number of physically healthy men of sufficient mentality their labors could be profitably utilized.

The benefit of outdoor work to those otherwise condemned to useless inactivity cannot be too much insisted on, and the value of working off surplus energy in manual labor as a means of quieting excitement and producing healthy sleep is great indeed.

Under advice of the State Board of Insanity the trustees have yearly asked for more dormitories to house the State's constantly increasing number of insane, and it now becomes necessary to materially enlarge the other facilities for their care. The prospective addition of the 300 patients, for whom buildings are now going up, to those at present there finds the colony inadequately provided with housing facilities for employees and attendants, and also deficient in heat, light, power, water supply and drainage; and to provide for these essentials large appropriations are needed. It will also be impossible to feed the patients in buildings now being erected unless new kitchens and dining rooms are furnished.

To retain efficient help proper quarters must be provided, particularly when an institution is situated remote from even a small country town. Many of the male nurses are sleeping in a building occupied by a most turbulent and untidy class of patients and, partially for this reason, it is impossible to retain

them for any length of time. The trustees ask for an appropriation of \$49,000 to build and equip a home for 60 male nurses.

The building lately erected for female nurses is already completely occupied, and nurses are quartered in other buildings, as space can be found. The development of subcolony No. 2, where three new buildings will soon be ready for 150 patients, also demands provision for its nursing staff, and \$36,300 is therefore asked for with which to erect a home for 44 female nurses.

Two hundred and five male patients are being fed in crowded quarters in the basement of the building at No. 4; no more can be cared for here. A building for 50 patients is being erected in the vicinity, and further development of this group must soon be looked for. To provide for these new patients, free the basement of the present building for industrial purposes, and relieve the overcrowded No. 1 dormitories in the immediate vicinity, the trustees ask for \$48,000 to erect a central kitchen, service building and dormitory; the dining room to accommodate 450 patients and 20 nurses and employees, and the dormitory to furnish quarters for 21 employees.

At No. 2 a kitchen has already been added to the old farmhouse, the story over the same providing rooms for 4 employees; the trustees now ask for \$3,300 to make over the main building, the lower story to be a dining room for 50 employees, while in the second story 7 will find quarters.

Also at No. 2 a new kitchen, dining room and dormitory is proposed, by making additions to and alterations in a building now existing, and for this purpose \$23,000 is asked. The dining hall at the Pines is not available, as it is even now crowded, and it is increasingly evident that three buildings, now in course of construction, cannot be occupied unless some such provision as the one above suggested is made.

The trustees desire to buy the Sinclair farm of 83 acres for the following reasons:—

The colony horses are, at present, housed in a patched-up annex to the cow barn at No. 1. This is no longer adequate, and is also in a dilapidated condition. A new horse barn would cost about \$7,000. For \$10,000 the Sinclair farm can be pur-

chased, with 83 acres of good land worth about \$3,000, a house in excellent condition, which is capable of caring for from 22 to 24 persons with very slight changes, and an excellent barn suitable for 22 horses. To care for 22 employees buildings costing approximately \$14,000 would be needed. This land was desired, largely on account of its buildings, by the trustees at the time the colony was established, but the owner refused to sell at any price. In accordance with the above the trustees ask for \$10,000 to purchase these buildings and the land as described.

The cow barn at No. 1 has reached the limit of its usefulness and must be either abandoned or repaired at large expense, and it is also not large enough for the constantly increasing herd; \$8,500 is asked for to build a barn for 60 head of cattle.

The addition of one boiler of 150 horse power to the present battery will provide for all buildings now erected or in process of construction; \$2,000 is needed for this purpose.

The colony possesses no reserve electric power. With the completion of buildings now under construction, both dynamos will be constantly in use. The trustees ask, therefore, for \$5,900 to purchase and install one motor generator.

For new filter beds \$25,000 is needed. A portion of the sewage (that from No. 1) is still unprovided for. The present beds can care for no more and are even now insufficient, the number of inmates having nearly doubled since filter beds were laid out. Incidentally it may be said that after the removal to the colony of the patients now in Worcester, still further extension will become necessary. This sum of \$25,000 is asked for, after consultation with the engineer of the State Board of Health, under whose supervision the present beds were planned. The necessity of constructing beds far from proper filter material adds much to the cost, — the gravel banks lying in the Assabet drainage basin, while it is necessary to carry the sewage into that of the Quinsigamond River.

The water supply is again a source of anxiety. The wells now driven are used to their capacity, and more are needed. There is but one water tower with a capacity of 60,000 gallons, while the daily use of water is over 150,000 gallons. A new water tower of the cheapest construction, to hold 250,000 gal-

lons, would cost \$9,000, and there would then be but two days' supply. By buying a certain tract of land, consisting of 14 acres, suitably situated, and at a sufficient height to give a proper head, a reservoir holding 2,000,000 or more gallons can be constructed. To drive additional wells, lay pipe and construct such a reservoir an appropriation of \$16,000 is therefore asked.

It is only after the most careful consideration that the trustees have asked for these various appropriations. The act which provides that before Jan. 1, 1915, 400 of the patients in the Worcester Asylum shall be transferred to the colony makes imperative each and every one of these improvements. The colony has grown far faster than was expected. In 1903 there were 50 patients in the old buildings which were bought with the land; there are now 588, while, when all buildings now under construction are filled, there will be over 900. Unless the colony is fully equipped to care for those up to that time within its limits, it will be utterly impossible to make the transfer ordered, for none of the money appropriated for that purpose can be used to provide for any other than the 400 that are to be brought to Grafton.

An administrative building must be built and accommodations provided for more than 30 employees who now live at home, but who can then no longer do so; laundry, bakery, carpenter and paint shops enlarged or rebuilt, as well as buildings erected for the 400 transfers and the necessary attendants, and to accomplish this work with the sum appropriated will require the most rigid economy.

On April 1, Dr. E. V. Scribner, who has served as superintendent since 1891, resigned to accept a position as superintendent of the Worcester State Hospital, and Dr. H. L. Stick, for six years first assistant physician, was appointed in his place. The loss of Dr. Scribner was greatly regretted. To him was due the whole plan of the colony, so soon to house all remaining inmates of the old asylum, and to him the trustees wish to express their appreciation of all the faithful work he has done in this and other directions during the many years of his service.

Dr. Stick undertook his duties at a most critical time, as in

addition to the routine work, and the extensive development work of the colony, much of the labor of preparing plans for the pending removal has devolved upon him. To him and to his assistants, nurses, attendants and employees the trustees wish to tender their thanks for labor faithfully performed.

Respectfully submitted,

SAMUEL B. WOODWARD.

GEORGE F. BLAKE.

LYMAN A. ELY.

THOMAS H. GAGE.

THOMAS RUSSELL.

CARRIE B. HARRINGTON.

GEORGIE A. BACON.

SUPERINTENDENT'S REPORT.

To the Trustees of the Worcester State Hospital, acting for the Worcester State Asylum.

I respectfully present, for your consideration, the thirty-fifth report of the Worcester State Asylum.

At the beginning of the statistical year, Oct. 1, 1911, 1,189 persons were inmates of this institution; of this number, 568 were men and 621 women. During the year there were admitted but 45 cases, — 16 men and 29 women, — making a total number of 1,234 under treatment for the year, — 584 men and 650 women. Of this number 9 men and 5 women were discharged into the community; 4 men and 6 women were transferred to other institutions; 5 men escaped; 2 men and 5 women went out on visit; 18 men and 30 women died. On Sept. 30, 1912, there remained in this institution 546 men and 604 women, — 1,150 persons. The total number leaving the institution by death, transfer and discharge was 84, 10 more than last year. Of this number but one left to resume her household duties with her husband. Four were discharged as improved, and 9 not as improved, yet able to get along well in their different homes.

Of the different forms of mental disease, primary dementia stands first, followed by epilepsy, imbecility, alcoholism, chronic delusional and manic-depressive insanity, and senile dementia, in the order named. In this series epilepsy, mostly in imbeciles, stands second, but if imbecility with epilepsy could be classed as one form of mental defect, it stands first. But few of the number admitted can be expected to recover, as most of them were born with some mental defect which renders recovery practically impossible.

The death rate has been the lowest in the history of the institution. Of the whole number of patients treated 3.89 per cent.

have died, while of the daily average number of patients, 4.06 per cent., which is .33 per cent. less than at any time since 1877. Tuberculosis stands first as the cause of death this year, while pneumonia takes second place; of the former disease 3 more died, and of the latter 7 less, than last year.

We had one suicide by hanging, which took place on the female wards at the asylum. The patient, a constitutional defective with hysterical manifestations, had been slightly depressed for some few days previous, although this condition was not noticed, as she was constantly occupied in the congregate dining room. In April one of the male patients, a case of primary dementia, but on an open ward, attempted suicide by digging a hole in his neck with an old knife blade, through all the appendages into the trachea. When found in his room he had lost much blood and was in a deep state of shock. After surgical treatment and stimulation he made an uneventful recovery and now seems as well physically as usual, but is more demented than he was previous to making this attempt.

In June one of our cases of senile dementia, while going to the dining room, slipped and fell on the stairs, falling to the landing below. She was instantly picked up, but she soon became unconscious and on examination it was found that she had sustained a basilar fracture; she died that night.

The general health of the institution has been good. We had several cases of erysipelas, but all made an uneventful recovery. In March we had two cases of diphtheria. Both patients were immediately treated with diphtheria antitoxin and sent to the Worcester Isolation Hospital. One made an uneventful recovery, while the second case, an imbecile, died after a few days, her infection having been more virulent. About 20 nurses and patients who came in immediate contact with these cases were treated with immunizing doses of diphtheria antitoxin, and no other cases followed. No adequate reason could be found for this sporadic outbreak, although there were quite a number of cases of diphtheria in the city, and not very far distant from the institution.

This institution has no social worker, but during the year we have placed several of our cases in private families. These places are first inspected by one of our physicians, who makes a

report as to its fitness. Visits are made at irregular intervals to see how the patient is getting along and how well he is cared for. In this way we have been able to follow a small number, though we hope for an increased number next year.

During the past year the rotation of our employees has been about the same as the previous year, — a little over twice. We have improved their general surroundings, given them shorter working hours, made the course of training more varied, and yet this has not helped to lessen the rotation over that of previous years. I believe that if the compensation for attendants and nurses was made more uniform in the different institutions, and possibly a little higher in the asylums and the hospitals, this constant change from one place to another might be decreased.

During the year we had 45 admissions. Many of these cases were brought to us from "boarding out" by the State Board of Insanity, and usually were excited or deeply demented and enfeebled so that institution care rather than family care was necessary for a shorter or longer time. This necessarily gave us a very small number to choose from for our occupation departments, but by a more vigorous canvass among our older patients these departments were partly filled. The result has been gratifying. Last year and the year previous the total number of inmates employed with some occupation or other was but 60 per cent. of the whole, — 73 per cent. of the males and 47 per cent. of the females, — while this year 74.11 per cent. were employed, — 70.56 per cent. of the males and 77.66 per cent. of the females, — showing an increase of .14 per cent. over that of last year.

The outdoor work at the colony has steadily grown, and the women workers, who have been mostly recruited from the disturbed and turbulent class, have become more proficient under competent nurses. Our aim has been to get this excitable class of patients from the wards and have them spend their energy on some wholesome and profitable work, whereby they will not only become quiet and peaceful when on the wards after working hours, but will be a less disturbing element in causing the intentional excitement usually so prevalent. A small garden was started in the spring by allotting a certain sized plot to each patient. As this ground was very rough much had to be

done before it could be brought to a state of cultivation, yet several patients of the incorrigible imbecile type did good work. The coming year it is planned to give a certain amount of land to the nurses, and to encourage this kind of outdoor garden culture; all the vegetables which they raise will be used by them and the patients who assist them in these undertakings. In this way I believe we may greatly increase the number of female patients engaged in out-of-door work. During the year much grading and filling has been done about the old buildings and the new nurses' home by this female crew.

While in the male department much more work has been done in the line of grading, filling and road and stone wall building, the main feature has been to encourage the patient to do this work under as little restraint as possible; to appeal to his better manhood and to teach him that life is worth while. In this way we get many of our patients from the wards, and when they have become trustworthy and shown some initiative in the work they are taken into the older farm crews and finally sent to our farm industrial colony, where they remain on open wards, which many of them enjoy. With the construction of the many new buildings at the colony much grading has to be done. A considerable amount of this work will necessarily have to be done by these patient crews. In this way we have enlarged our ice pond at No. 2 colony, so that this year the capacity will be almost double that of last year. With some slight changes about the pond we will be able to enlarge this space still more, so that we can produce at least quadruple the amount we had last year.

Most of the industrial work done by the female patients has been done at the asylum, but this fall we were able to open a new sewing-room in the Larches basement, which was constructed with this object in view. We now have 3 power machines in use and about 10 patients working in this department. It fills a long-needed want. In this way much work can be done on the wards by having it supervised from this place rather than from the asylum. On the wards other industrial work has been going on for some time, and all the nurses give assistance

in teaching and encouraging the patients to occupy themselves. At the asylum we have started an industrial room for male patients, where mats and baskets are made, chair-caning and other work is done. A room for the female patients has been fitted up at the asylum in the middle center portico, and at the colony in the north end of the Larches basement, where much interesting work is being accomplished. These places are in charge of two nurses who have had special training for this work. We hope to demonstrate the therapeutic value of work or occupation in cases that apparently have been either too demented or excitable and who are the disturbing factors on the wards. This work has been of the greatest value in lessening the amount of destruction, as well as noisiness and excitement, on the wards.

During the year about 10 more acres of land have been reclaimed by the aid of our patients and 5 more added to our pasturage. It is our aim to reclaim 20 or more acres yearly. Much more would be desirable because we need more hay and pasturage if we would produce all of the milk that will be required by the institution.

The farm productions this year have been large, although the acreage has not materially been larger than the previous year, yet the land has, by more extensive cultivation, produced more to the acre than at any time since the colony has been open.

Though profitable, our poultry raising has not been as successful as we hoped it would be. However, for most of the year we produced all the eggs used in the institution. We found during the early spring and midsummer months that we were losing many of our small chickens, and on investigation learned that the cause was white diarrhœa. The Amherst State College and Connecticut State Agricultural College at Storrs have become interested in the study of this disease, and we have furnished the latter place with hens for further study. By their assistance we hope to eradicate this disease. Many of the hens became infrequent layers, if not stopping entirely; more died. It was found on autopsy that the yolk sack was much affected, many of the ova having undergone a marked pathological change; the liver was much enlarged, darker in color, and somewhat disorganized; and invariably hemorrhage in the different

lobes of the liver was noted. This coming year we shall dispose of all affected hens and attempt to secure eggs from other sources or use those of our own that are found to be healthy.

We have made it a matter of regular routine to annually test our cows for tuberculosis. During our last test in the early part of the year 20 of them reacted to this test. They were then inspected and condemned by an agent of the State Cattle Bureau, who removed them to Brighton, where it was demonstrated that the tests were correct, although several of them had but a slight cervical glandular involvement. Most of these cattle were bought in the open market. All of our calves are immunized with Bovovaccine at an early age. Of a series of 18 tested last December and January, 9 reacted. These calves were later turned loose into the open pasturage, remaining there all the year. All of them appeared healthy and in excellent condition. This fall a tuberculin test was made, when a negative reaction was obtained from all. This, no doubt, demonstrates the wisdom of open-air treatment with younger animals and should be continuously practiced.

During the months of May and June we lost about 400 small pigs and about 35 hogs from what apparently was an attack of pneumoenteritis. As soon as the disease was noted those apparently unaffected were removed from the former location onto new ground and but a few more died. The old place was cleansed and ploughed, previously having been treated with lime. No more cases followed.

Many improvements have been made, with all the other work that has been done. At the asylum little has been done other than to finish the stairway from L. S. W. to the congregate dining room and complete the dispensary, while at the colony we have made an addition to the farmhouse at Valley Farm, which has been a vast improvement and made it easier to keep it occupied by employees. The barn has been shingled and a new entrance built. At colony No. 1 we have rearranged the entrance to the kitchen, making an enlarged hall, and completed the telephone booth, which will soon be in use, and a bathroom. At colony No. 2 a new kitchen, with rooms on the second floor, was added to the old farmhouse. This relieves the congestion of the dining room for patients by the removal of the kitchen,

pantry and scullery into the new addition. By this arrangement we shall be able to take care of at least 25 to 30 more patients in this dining room. A new hogpen has been put up at the foot of the hill not far distant from the old pens. We can take care of about 200 or more pigs in these new quarters, while the old places have been renovated and made serviceable for still more.

The two dormitories of 1910, for 50 patients each, at colonies No. 2 and No. 3 have been completed and are now occupied. The two dormitories of 1911, at No. 2 and No. 3, are rapidly nearing completion and could partly be occupied if it were necessary. The nurses' home has been opened and is now occupied. This fills a long-desired want. The heating of this building, directly from the power house, is very successful. The cold-storage building has been finished by the contractor, the elevator installed, and it is now used for storage purposes to a large degree. A new subway from the Larches to the service building has been built. This is a very necessary improvement, as the saving of heat is noticeable. The walls of the two dormitories for 50 patients each, authorized by the last Legislature, are completed, and the superstructure is ready for the roof of the one at colony No. 2, so that work may be carried on during the winter months. Much more will have to be done.

No appropriations will be asked for this year at the asylum other than that for maintenance. I would recommend your Board to ask for appropriations this year to bring the equipment of the institution up to date, so that we may be able to relieve the congested condition of the wards by removing the employees to buildings specially constructed for them, and facilitate a greater return from the farm by more vigorous and intensive farming.

It has been estimated for a number of years by the State Board of Insanity that this institution should make provision for a certain yearly increase in the number of patients at the Grafton colony. The buildings now under construction will provide dormitory space for this increase up to the year 1914.

Because of an overcrowded condition of the dining room space at our colony No. 4, and to provide for those who will occupy the new buildings now under construction, a new

kitchen, service room and dormitory for employees should be erected in the center of the No. 4 group, to care for not less than 450 patients, with dormitory space for 21 employees in the attic. For this purpose I would respectfully recommend that your Board ask the Legislature for an appropriation of \$48,000 to build and furnish the same.

As the new dormitories at our colony No. 2, the Willows, are nearing completion (where at least 150 patients will be located during the next year), and as the present dining space will become more than overcrowded, though a temporary provision has been made; and to care for the increased number of patients and employees that will occupy two of the present dormitories, — one completed and a second about to be finished; and for the future development of this colony, there should be a service building with kitchen and dining-room space for at least 250 patients, and dormitory for 22 employees, this building to be attached to the oldest dormitory of this colony. I would respectfully recommend that your Board ask for a sum of \$23,000 to build and furnish this addition.

The female nurses' home, now occupied, will fill a long-needed want, but the male nurses should be given additional accommodations, as they are now rooming at colony No. 4 in rooms which should be used for patients; and on account of the increased number of nurses and employees to care for the increased number of patients, I respectfully recommend that your Board ask for an appropriation of \$49,000 to build and equip a home for 60 male nurses, to be located at the Elms group.

As our colony No. 2 becomes further developed I find that the accommodations for the female nurses will be inadequate, as the home just completed will be too small when we add more buildings to this colony. To provide for this accommodation when this expansion is made, I recommend that your Board ask the Legislature for a sum of \$36,300 to build and furnish a home for 44 female nurses.

As our farm work increases, and the number of employees necessary to care for the increased number of patients that will be working out of doors becomes larger, it will be necessary to build a cottage or make more room for them. If we could purchase the adjoining Sinclair farm we would get accommodations

in the house for at least 24 persons, and also provide a horse barn to replace the old one at colony No. 1, which is in a deplorable condition. This farm is in the center of our colony and is almost surrounded by our land. In addition to these accommodations the farm would give us a ready and valuable pasturage and hay land, which is very necessary at present. This would not only relieve us from building new cottages and a horse barn, but would save the State quite a number of thousands of dollars. For this purpose I recommend that your Board ask for an appropriation of \$10,000.

The present lighting facilities at the central power station will be inadequate when the new buildings completed and under construction are ready for lighting, and to take care of this increase it will be necessary to add a third motor generator to this group. In case we should have a breakdown of one of our motors we would be unable to produce the proper amount of light and power. I therefore recommend your Board to ask for the sum of \$5,900 to purchase, install and attach a new generator in the power house.

With the present changes in the old farmhouse at colony No. 2 it will be necessary to repair and change this building to a dormitory and dining room for employees of the domestic department. I respectfully recommend your Board to ask for a sum of \$3,300 for this purpose. It is intended that this should care for 14 people instead of 7, as at present.

The old cow barn at our colony No. 1 has about served its usefulness and is in a deplorable condition. It has been repaired several times to tide us over from year to year, but now it is beyond repair unless a larger sum of money be expended than is justifiable. A new and modern structure should be erected at some distance from the present farm buildings. The present structure is too small to care for the number of cows necessary to produce the required amount of milk. I therefore recommend your Board to ask the Legislature for the sum of \$8,500 to erect and equip this barn according to the plans and specifications used in the erection of the cow barn at our colony No. 3, in 1906, but to accommodate 60 instead of 50 cattle.

The present boiler capacity at our central heating plant is inadequate to heat the new buildings, — completed and now

under construction in this and the colony No. 2 group, — and to give us the capacity necessary a new 150 horse power boiler must be added. To meet this need I respectfully recommend that your Board ask for an appropriation of \$2,000 to buy and install this additional steam boiler.

Our sewage disposal plant has been too small for some time, so that we are unable to give the proper care to the individual beds before they must be used. At present these beds are taking care of about one-half of the sewage. To comply with a request made by the State Board of Health, we have been compelled to change our filterage from the Assabet valley to that of the Quinsigamond. This change has not been completed. We find it is necessary now to change the sewage of our colony No. 1 group, which is at present taken care of by surface drainage in the Assabet valley; also that of most of the No. 2 group (as but one of the present buildings feeds into the new system, the others having been taken care of by surface drainage; besides, we have added three more new buildings to this group); the new nurses' home; the new building at No. 4 or Elms group; and two new buildings at our colony No. 3 or Oaks group. We are now using a little more than 160,000 gallons of water a day, which is more than the present beds can care for. Because of these changes, and the addition of the new buildings this and next year, we must enlarge this system by adding ten sections, which will increase the capacity of the present beds twice and a half. To do this I recommend that your Board ask the Legislature for the sum of \$25,000 to purchase piping and build, and complete ten sections according to specified plans and estimates.

The water supply at the colony has been adequate to the present time, but now must be enlarged. The supply at Valley Farm can be increased still further by sinking new wells beyond the old ones now in use. By developing this place we can use the present pumps with but slight alteration in piping and sand chamber, and by the addition of a fourth transformer, which would make it possible to use both pumps in unison when necessary.

At no time have we had an adequate storage capacity. The present tower holds but 60,000 gallons or about a third of a day's supply. When the buildings just finished and those under

construction are completed we will have less than a fifth of a day's supply on hand. Should the pumps be stopped by a breakdown it would materially enhance the danger to many lives. Nor would we have any in reserve for fire-fighting purposes, which risk is growing yearly as we are erecting wooden constructed colony type of buildings. The erection of a stand pipe was thought of, but in a few years this would be too small to give us a day's supply, and would cost about the same amount as it would to build a permanent reservoir not far distant from our present tower. The latter plan would necessitate the purchase of about 14 acres of land near the colony No. 2 and close to the ice pond, which would give us an elevation equal to our present tower or higher, should we discontinue the use of the same. The present supply is already connected with the ice pond, only 900 feet away, which would materially lessen the cost. This would make it possible to build a reservoir of almost any storage capacity required. For present needs a reservoir of at least 2,000,000 gallons should be constructed and so arranged that it could be enlarged at any time. I would recommend that your Board ask the Legislature for the sum of \$16,000 to purchase the land, piping and cement to build this reservoir, dig the wells and make the necessary changes at the pumping station at Valley Farm.

This year we had 9 graduates from our training school. Of this number, 3 are left in the service, 2 have gone home and 4 are taking a six months' course at the Boston City Hospital. We have changed the graduation time from June to October.

During the year a number of changes have taken place on our staff. Dr. Lemuel F. Woodward has been added to it as consulting surgeon. The position made vacant by my appointment as superintendent was filled by the promotion of Dr. B. H. Mason, and his position was filled by Dr. D. R. Gilfillan. Dr. Ransom A. Greene, who was at the colony, resigned in June in order to enter the service of another institution. Dr. John B. Macdonald's services were secured to fill this vacancy, but he, too, resigned in October to accept an appointment as first assistant in another institution. Dr. H. L. Horsman was appointed to fill this last-made vacancy.

The officers of the institution have rendered me cordial assist-

ance and support. The employees, as a rule, have been faithful in the performance of their duties. There has been, however, some difficulty in procuring the desired kind of efficient help. I am especially indebted to your Board for your kindness and assistance to me in my duties.

During the year we have had our usual number of entertainments and weekly dances, and we now have a regular monthly entertainment at the asylum and colony, usually by local talent. This work is being stimulated by both nurses who have charge of the industrial work of the wards. A large number of patients attended the circus and the New England Agricultural Fair. Several berrying parties of patients went from the asylum to the colony during the summer.

We are indebted to the publishers of the "Worcester Evening Gazette" for a copy of their paper; to the Hospital Society for books, pamphlets, magazines and Christmas cards; to the Worcester Employment Society, who have again done a large amount of sewing for the institution; to Miss Frances Lincoln for books, magazines and papers; and to the members of your Board, who have made generous contributions.

H. LOUIS STICK,

Superintendent.

WORCESTER, MASS., Nov. 30, 1912.

VALUE OF STOCK AND SUPPLIES.

	Main Buildings at Worcester.	Colony.	Total.
Food,	\$2,082 27	\$1,717 32	\$3,799 59
Clothing and clothing material, .	3,873 99	4,892 50	8,766 49
Furnishings,	31,851 33	27,403 25	59,254 58
Heat, light and power,	3,395 39	8,287 81	11,683 20
Repairs and improvements, . .	3,655 29	8,181 82	11,837 11
Farm, stable and grounds, . .	318 07	26,483 79	26,801 86
Miscellaneous,	4,783 03	720 23	5,503 26
Total,	\$49,959 37	\$77,686 72	\$127,646 09

TREASURER'S REPORT.

To the Trustees of the Worcester State Hospital, acting for the Worcester State Asylum.

I respectfully submit the following report of the finances of this institution for the fiscal year ending Nov. 30, 1912:—

CASH ACCOUNT.

Balance Dec. 1, 1911,	\$4,856 98
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Receipts.

Institution Receipts.

Board of inmates:—

Reimbursements, insane,	\$6,859 49
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Sales:—

Food,	\$252 57
Clothing and materials,	354 12
Repairs and improvements,	9 15
Miscellaneous,	144 73

Farm, stable and grounds:—

Cows and calves,	1,066 50
Hides,	29 10
Sundries,	8 00

1,864 17

Miscellaneous receipts:—

Interest on bank balances,	\$170 60
Sundries,	250 62

421 22

9,144 88

Receipts from Treasury of Commonwealth.

Maintenance appropriations:—

Balance of 1911,	\$6,905 67
Advance money (amount on hand November 30),	18,000 00
Approved schedules of 1912,	\$250,716 44
Less returned,	23 92

250,692 52

275,598 19

Special appropriations,	87,267 57
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Total,	\$376,867 62
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Payments.

To treasury of Commonwealth, institution receipts,		\$9,144 88	
Maintenance appropriations: —			
Balance November schedule, 1911,	\$12,993 04		
Eleven months' schedules, 1912,	250,692 52		
November advances,	3,717 19		
			267,402 75
Special appropriations: —			
Approved schedules,	\$87,267 57		
Less advances, last year's re- port,	1,230 39		
		\$86,037 18	
November advances,		713 48	
			86,750 66
Balance Nov. 30, 1912: —			
In bank,	\$13,168 65		
In office,	400 68		
			13,569 33
Total,			\$376,867 62

MAINTENANCE.

Appropriation,	\$269,500 00
Expenses (as analyzed below),	269,491 81
Balance reverting to treasury of Commonwealth,	\$8 19

Analysis of Expenses.

Salaries, wages and labor: —		
General administration,	\$36,354 70	
Medical service,	9,347 14	
Ward service (male),	20,113 19	
Ward service (female),	19,619 31	
Repairs and improvements,	9,197 67	
Farm, stable and grounds,	17,184 14	
		\$111,816 15
Food: —		
Butter,	\$12,979 10	
Beans,	1,362 37	
Crackers,	632 86	
Cereals, rice, meal, etc.,	1,574 75	
Cheese,	677 63	
Eggs,	862 94	
Flour,	10,223 38	
Fish,	2,079 65	
Fruit (dried and fresh),	2,766 64	
Meats,	19,181 65	
Milk,	2,336 82	
Molasses and syrup,	334 25	
Sugar,	3,810 02	
Tea, coffee, broma and cocoa,	2,332 52	
Vegetables,	6,814 81	
Sundries,	1,776 06	
		69,745 45
Amount carried forward,		\$181,561 60

Amount brought forward, \$181,561 60

Clothing and materials: —

Boots, shoes and rubbers,	\$1,427 49
Clothing,	7,491 33
Dry goods for clothing and small wares,	1,430 24
Hats and caps,	133 08
Leather and shoe findings,	159 55
Sundries,	225 60

10,867 29

Furnishings: —

Beds, bedding, table linen, etc.,	\$5,737 51
Brushes, brooms,	725 35
Carpets, rugs, etc.,	70 93
Crockery, glassware, cutlery, etc.,	701 22
Furniture and upholstery,	2 00
Kitchen furnishings,	1,087 76
Wooden ware, buckets, pails, etc.,	74 06
Sundries,	2,129 17

10,528 00

Heat, light and power: —

Coal,	\$18,654 60
Freight on coal,	7,536 44
Gas,	12 25
Oil,	198 19
Sundries,	497 53

26,899 01

Repairs and improvements: —

Cement, lime and plaster,	\$165 31
Doors, sashes, etc.,	32 35
Electrical work and supplies,	660 48
Hardware,	1,439 03
Lumber,	1,462 35
Paints, oil, glass, etc.,	1,605 73
Plumbing, steam fitting and supplies,	1,422 60
Roofing and materials,	64 60
Sundries,	2,139 41

8,991 86

Farm, stable and grounds: —

Blacksmith and supplies,	\$532 25
Carriages, wagons, etc., and repairs,	524 49
Fertilizers, vines, seeds, etc.,	1,761 72
Hay, grain, etc.,	11,397 11
Harnesses and repairs,	130 10
Horses,	1,175 00
Cows,	466 00
Other live stock,	236 90
Tools, farm machines, etc.,	166 57
Sundries,	1,017 97

17,408 11

Amount carried forward, \$256,255 87

Amount brought forward, \$256,255 87

Miscellaneous:—

Books, periodicals, etc.,	\$357 05
Entertainments,	492 50
Freight, expressage and transportation,	2,521 58
Funeral expenses,	238 00
Hose, etc.,	131 45
Ice,	7 59
Medicines and hospital supplies,	1,128 86
Medical attendance, nurses, etc. (extra),	49 28
Postage,	243 81
Printing and printing supplies,	64 19
Printing annual report,	115 28
Return of runaways,	110 11
Soap and laundry supplies,	2,759 02
Stationery and office supplies,	393 53
Religious service,	508 10
Travel and expenses (officials),	325 75
Telephone and telegraph,	525 99
Tobacco,	887 92
Water,	1,491 60
Sundries,	884 33

13,235 94

Total expenses for maintenance, \$269,491 81

SPECIAL APPROPRIATIONS.

Balance Dec. 1, 1911,	\$99,669 95
Appropriations for fiscal year,	440,000 00

Total,	\$539,669 95
Expended during the year (see statement annexed),	\$87,267 57
Reverting to treasury of Commonwealth,	3 17
	<u>87,270 74</u>

Balance Nov. 30, 1912, \$452,399 21

RESOURCES AND LIABILITIES.

Resources.

Cash on hand,	\$13,569 33
November cash vouchers (paid from advance money:—	
Maintenance,	\$3,717 19
Specials,	713 48
	<u>4,430 67</u>
Due from treasury of Commonwealth account	
November, 1912, schedule,	799 29
	<u>\$18,799 29</u>

Liabilities.

Schedule of November bills,	\$18,799 29
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PER CAPITA.

During the year the average number of inmates has been, 1,173 85.

Total cost for maintenance, \$269,491.81.

Equal to a weekly per capita cost of \$4.390.

Receipts from sales, \$1,864.17.

Equal to a weekly per capita of \$0.030.

All other institution receipts, \$7,280.71.

Equal to a weekly per capita of \$0.1185.

INDUSTRIES FUND.

Appropriation,	\$300
Receipts credited.	—
	<hr/>
	\$300
Expenditures.	—
	<hr/>
Balance Nov. 30, 1912,	\$300

Special Appropriations.

OBJECT.	Act or Resolve.	Whole Amount.	Expended during Fiscal Year.	Expended to Date.	Balance at End of Year.
Dining room and service building,	Acts 1909, chap. 522	\$35,000 00	\$435 20	\$34,999 56	\$0 44 ¹
Three houses for employees,	Acts 1909, chap. 522	18,000 00	71 09	17,997 80	2 20 ¹
Repairs and waiting stations,	Acts 1909, chap. 522	3,500 00	123 11	3,499 87	13 ¹
Two buildings, 50 patients each,	Acts 1910, chap. 125	40,000 00	16,926 26	39,806 54	193 46
Building for 50 nurses,	Acts 1911, chap. 149	29,300 00	25,989 05	27,574 50	1,725 50
Two buildings, 50 patients each,	Acts 1911, chap. 149	40,000 00	21,961 78	25,351 82	14,648 18
Storehouse,	Acts 1911, chap. 149	17,100 00	12,617 97	14,121 72	2,978 28
Boiler,	Acts 1911, chap. 149	2,000 00	1,996 90	1,999 60	40 ¹
Two buildings, 50 patients each,	Acts 1912, chap. 132	40,000 00	7,146 21	7,146 21	32,853 79
Grafton Colony Construction,	Acts 1912, chap. 679	400,000 00	—	—	400,000 00
		\$624,900 00	\$87,267 57	\$172,497 62	\$452,399 21

¹ Reverting to treasury of the Commonwealth.

Respectfully submitted,

H. LOUIS STICK,

Treasurer.

Examined and found correct as compared with the records in the office of the Auditor of the Commonwealth.

WARREN A. MERRILL,

Assistant Supervisor of Accounts.

INMATES' FUND.

Cash on hand Dec. 1, 1911,	\$3,830 70
Received from inmates,	\$687 07
Interest, Worcester Trust Company,	25 57
Interest, savings bank,	94 30
	806 94
	\$4,637 64
Cash refunded patients,	807 22
Balance (Worcester Trust Company, \$1,384.48; Mechanics Savings Bank, \$2,428.94; drawer, \$17),	\$3,830 42

WORCESTER, Dec. 13, 1911.

♦ I hereby certify that I have made a monthly examination of all bills and pay rolls representing the current expenses of the Worcester State Asylum for the year ending Nov. 30, 1912 (\$269,491.81), and have found them properly scheduled and correctly cast.

I also find in the hands of the treasurer \$3,830.42 belonging to patients.

GEORGE L. CLARK,
Examiner.

STATISTICAL TABLES.

[FORM PRESCRIBED BY STATE BOARD OF INSANITY.]

STATISTICAL TABLES.

1. — General Statistics of the Year.

	INSANE.		
	Males.	Females.	Totals.
Patients in asylum Oct. 1, 1911,	568	621	1,189
Admitted within the year,	16	29	45
Viz: by transfer,	15	27	42
from visit,	—	1	1
from visit, nominally,	—	1	1
from elopement,	1	—	1
Whole number of cases in year,	584	650	1,234
Dismissed within the year,	38	46	84
Discharged,	10	5	15
Viz: as recovered at time of leaving			
asylum,	—	—	—
as capable of self-support,	—	1	1
as improved,	2	2	4
as not improved,	8	2	10
Died,	18	30	48
Transferred,	3	6	9
Escaped,	5	—	5
On visit Oct. 1, 1912,	2	5	7
Patients remaining Sept. 30, 1912,	546	604	1,150
Viz: supported as State patients,	528	580	1,108
as private patients,	—	—	—
as reimbursing patients,	18	24	42
Number of different persons within the year,	584	649	1,233
Number of different persons admitted,	16	28	44
Number of different persons dismissed,	38	45	83
Number of different persons recovered,	—	—	—
Number of different persons discharged, ca-			
pable of self-support,	—	1	1
Daily average number of patients,	558.18	622.90	1,181.08
Viz.: State patients,	538.40	598.79	1,137.19
private patients,	—	—	—
reimbursing patients,	19.78	24.11	43.89

2. — *Received on First and Subsequent Admissions.*

NUMBER OF ADMISSIONS.	CASES ADMITTED.		
	Males.	Females.	Totals.
First (to this asylum),	14	25	39
Second (to this asylum),	1	1	2
Third (to this asylum),	—	1	1
Total cases,	15	27	42
Total persons,	15	27	42

3. — *Ages of Insane at First Attack and Death.*

	DIED.					
	AT FIRST ATTACK.			AT TIME OF DEATH.		
	Males.	Females.	Totals.	Males.	Females.	Totals.
Congenital,	1	3	4	—	—	—
15 years and less,	—	1	1	—	—	—
From 15 to 20 years,	2	—	2	—	—	—
20 to 25 years,	2	1	3	—	—	—
25 to 30 years,	3	3	6	1	1	2
30 to 35 years,	1	3	4	—	5	5
35 to 40 years,	1	2	3	3	2	5
40 to 50 years,	—	3	3	2	1	3
50 to 60 years,	4	2	6	4	4	8
60 to 70 years,	—	2	2	5	9	14
70 to 80 years,	—	1	1	3	6	9
Over 80 years,	—	—	—	—	2	2
Unknown,	4	9	13	—	—	—
Totals,	18	30	48	18	30	48
Total persons,	18	30	48	18	30	48
Mean known ages (in years),	32	33.38	32.82	55.22	57.5	56.64

4. — *Form of Mental Disease in Patients admitted or discharged, with their Condition on Discharge, or Death — Concluded.*

FORM OF DISEASE.	ADMITTED.			DISCHARGED.												DIED.			TOTAL DISCHARGES AND DEATHS.				
	Males.	Females.	Totals.	RECOVERED.			CAPABLE OF SELF-SUPPORT.			IMPROVED.			NOT IMPROVED.			Males.	Females.	Totals.	Males.	Females.	Totals.		
				Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.								
B. — All other admissions: —																							
Alcoholic insanity, acute.	2	2	4																				
Alcoholic insanity, chronic.	—	1	1																				
Chronic delusional insanity.	—	—	—																				
Constitutional inferiority, hysterical epilepsy.	—	—	—																				
Dementia, chronic.	—	—	—																				
Dementia, primary.	1	1	2																				
Dementia, primary, with constitutional inferiority.	—	—	—																				
Dementia, primary, paranoid form.	—	3	3																				
Dementia, senile.	—	—	—																				
Dementia, senile, Huntington's chorea.	—	—	—																				
Epilepsy.	1	—	1																				
Epilepsy with dementia.	1	—	1																				
Idiot.	—	—	—																				
Imbecile.	1	—	1																				
Imbecile with dementia.	—	—	—																				
Imbecile with epilepsy.	1	—	1																				
Manic-depressive insanity.	—	1	1																				
Puerperal insanity, toxic.	—	1	1																				
Totals B.	7	10	17	—	—	—	—	—	—	—	—	—	—	—	3	—	3	12	14	26	15	14	29
Aggregate cases.	15	27	42	—	—	—	—	—	—	—	—	—	—	—	8	2	10	18	30	48	28	35	63
Aggregate persons.	15	27	42	—	—	—	—	—	—	—	—	—	—	—	8	2	10	18	30	48	28	35	63

5. — *Discharges of the Insane, classified by Admission and Results, and Deaths.*

NUMBER OF ADMISSION.	RECOVERED.			CAPABLE OF SELF-SUPPORT.			IMPROVED.			NOT IMPROVED.			DIED.			TOTALS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
First,	—	—	—	—	1	1	2	2	4	8	2	10	16	27	43	25	32	57
Second,	—	—	—	—	—	—	—	—	—	—	—	—	2	2	4	2	2	4
Third,	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1
Total cases,	—	—	—	—	1	1	2	2	4	8	2	10	18	30	48	27	35	62
Total persons first admitted to any hospital when received by institution from which transferred,	—	—	—	—	1	1	2	2	4	5	2	7	6	16	22	12	21	33

7. — *Duration of Mental Disease and its Treatment in Patients who recovered or died.*

PERIOD.	FIRST ADMITTED TO ANY HOSPITAL WHEN RECEIVED BY INSTITUTION FROM WHICH TRANSFERRED.						ALL OTHER ADMISSIONS.					
	DURATION BEFORE ADMISSION.			HOSPITAL RESIDENCE.			WHOLE DURATION.			WHOLE KNOWN PERIOD OF MENTAL DISEASE.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
A. — Recovered: —												
From 10 to 20 years,	—	—	—	—	—	—	—	—	—	—	—	—
Totals,	—	—	—	—	—	—	—	—	—	—	—	—
B. — Died: —												
Under 1 month,	3	3	6	—	—	—	—	—	—	—	—	—
From 1 to 3 months,	1	2	3	—	—	—	—	—	—	—	—	—
From 3 to 6 months,	—	4	4	—	—	—	—	—	—	—	—	—
6 to 12 months,	—	—	—	—	—	—	—	—	—	—	—	—
1 to 2 years,	—	2	2	2	1	3	1	1	2	—	—	—
2 to 5 years,	1	1	2	—	6	6	1	5	6	—	—	—
5 to 10 years,	—	1	1	4	6	10	4	3	7	1	1	2
10 to 20 years,	—	1	1	4	4	8	4	4	8	8	7	15
Over 20 years,	—	—	—	—	3	3	—	—	4	5	6	11
Totals,	5	13	18	6	16	22	5	13	18	9	8	17
Unknown,	—	3	3	—	—	—	1	3	4	3	6	9
Totals,	6	16	22	6	16	22	6	16	22	12	14	26
Average of known cases (in months),	17.5	25.84	23.44	118.33	140.12	134.18	115.8	166.61	152.5	376.33	371	373.83
										234.77	253.07	244.59

EIGHTY-FIRST ANNUAL REPORT
OF
THE TRUSTEES
OF THE
WORCESTER STATE HOSPITAL,
AND
THIRTY-SIXTH ANNUAL REPORT OF THE TRUSTEES
OF THE
WORCESTER STATE ASYLUM AT WORCESTER,
FOR THE
YEAR ENDING NOVEMBER 30, 1913.



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THE STATE BOARD OF PUBLICATION.

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OFFICERS OF THE HOSPITAL.

TRUSTEES.

GEORGE F. BLAKE,	Worcester.
LYMAN A. ELY,	Worcester.
T. HOVEY GAGE,	Worcester.
THOMAS RUSSELL,	Boston.
CARRIE B. HARRINGTON,	Worcester.
GEORGIE A. BACON,	Worcester.
SAMUEL B. WOODWARD,	Worcester.

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RAY L. WHITNEY, M.D.,	<i>First Assistant Physician.</i>
GEORGE A. McIVER, M.D.,	<i>Assistant Physician.</i>
CORNELIA B. J. SCHORER, M.D.,	<i>Assistant Physician.</i>
HENNING V. HENDRICKS, M.D.,	<i>Assistant Physician.</i>
WALLACE L. ORCUTT, M.D.,	<i>Assistant Physician.</i>
HAROLD C. AREY, M.D.,	<i>Assistant Physician.</i>
ROY C. JACKSON, M.D.,	<i>Assistant Physician.</i>
IDA A. McNEIL,	<i>Superintendent of Nurses.</i>
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MARY F. DUDLEY,	<i>Matron.</i>
JOSEPH T. REYNOLDS,	<i>Farmer.</i>

NONRESIDENT OFFICERS.

MARY E. MORSE, M.D.,	<i>Assistant Pathologist.</i>
HOWARD BEAL, M.D.,	<i>Consulting Surgeon.</i>
WALTER W. CAMPBELL, D.D.S.,	<i>Dentist.</i>
GEORGE E. PARESEAU,	<i>Druggist.</i>
GEORGE L. CLARK,	<i>Auditor.</i>
JESSIE M. D. HAMILTON,	<i>Clerk.</i>
JAMES DICKISON, JR.,	<i>Engineer.</i>

The Commonwealth of Massachusetts.

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

The trustees of the Worcester State Hospital herewith respectfully submit their eighty-first annual report. The reports of the superintendent and treasurer are hereto appended, giving full details of the admission, transfer and discharge of inmates, and of the finances of the hospital.

An appropriation of \$84,000 granted by the Legislature of 1912 for a building for 100 men has been nearly expended, and the building is substantially finished and partly occupied. The purchase of land authorized by the same Legislature has been effected, and changes in and finishing off the upper Salisbury ward have been nearly completed. Two elevators, authorized by an appropriation of the same year, have been bought and installed.

With the appropriations granted by the Legislature of 1913, the trustees have begun the finishing and furnishing of the old farm house and the finishing and furnishing of the attic of the female nurses' home. The cottage for employees, authorized by the same Legislature, is one-half built.

The Legislature of 1913 appropriated \$7,500 for a new sewer pipe line. The act provided that no part of that amount should be used or expended until the State Board of Health shall certify to the Auditor that the area of filter beds for the purification of the sewage of Worcester has been enlarged to an extent necessary to filter the sewage to be discharged from the hospital, and that in their opinion Worcester has taken or is taking such action, in relation to the purification of its sewage, that it is desirable from the point of view of the public health to connect the hospital with the city's system. As the trustees have not received the necessary certificate from the State

Board of Health, no part of the appropriation has been expended, and the condition which the appropriation was intended to relieve still exists, aggravated by the delay of another year.

It is now nearly ten years since the question of proper disposal of the hospital's sewage has been brought to the attention of the Legislature by the trustees. The situation calls for some action, and the trustees recommend that the most satisfactory solution will be to connect at once the hospital system with the city's system. In this connection the trustees would call attention to the fact that many years ago the Commonwealth permitted the city of Worcester to construct certain streets over its land in return for permission to enter the hospital's sewage into the city's system. We are advised by the Attorney-General that the provisions of Statute 1888, chapter 435, section 1, as amended by Statute 1888, chapter 444, section 1, are in full force and effect. While the trustees of the hospital have not petitioned the city of Worcester to extend its system to the hospital grounds, the city of Worcester nevertheless has made such extension and there seems to be no difficulty in immediate connection of the two systems, provided the necessary appropriation is given. The trustees feel that in permitting the present conditions to continue, the Commonwealth is itself doing that which it would not permit any of its citizens to do. We therefore again respectfully urge that an appropriation be granted which will enable the sewage of the hospital to be turned into the sewers of the city of Worcester.

We renew our request for an appropriation to provide for congregate dining rooms for the inmates of the hospital. Such dining rooms will remove from the wards dining rooms which are now inadequate in size and equipment, and will relieve the ward of the confusion and disorder which results from trying to combine dormitory, day room and eating facilities. It will also improve service of meals and enable the attendants on the wards to devote themselves entirely to the care of their patients and of their wards, without the inconvenience of trying to serve meals at the same time. We believe in this way that the comfort of both patients and attendants will be greatly increased. The space now occupied by the ward dining rooms will become immediately available to relieve the overcrowding of the wards and provide sleeping accommodations for patients.

Plans looking toward this end have already been submitted to the State Board, and we ask an appropriation of \$100,800.

We repeat what we have said in the past years about the necessity of providing suitable accommodations for the growing number of employees. In order to secure and retain competent help, we must make adequate provision for their comfort. They cannot be expected to live contentedly on the wards, or in overcrowded and inadequate quarters. We desire to increase the number of married employees, and we therefore ask for an appropriation of \$19,000 permitting us to build two cottages, each to contain a tenement for an employee's family and dormitory overhead for single employees, and \$13,800 for two small bungalows, each to contain provisions for an official and his family.

The economical administration of the hospital increasingly requires the installation of an adequate cold-storage plant, and we ask an appropriation for this purpose of \$50,400.

The superintendent's report contains recommendations concerning an increase in the number and pay of our employees. The trustees desire to indorse these recommendations and especially to urge the importance of the following considerations: —

1. While the trustees fully appreciate that the hospital must receive persons legally committed or transferred to it and the great pressure upon the Commonwealth to find provision for its insane, they deplore the tendency to overcrowd the hospital. They believe that this overcrowding impairs the efficiency, both of employees and officers, and does not promote the welfare of the inmates.

2. For the reasons already stated we strongly urge provision for congregate dining rooms.

3. We ask for an appropriation which will enable us at all times to secure an adequate force of attendants and employees.

4. We advocate a scale of wages whereby those who remain long in the institution can look forward to increased pay. We can thus secure permanent help; we also believe that the compensation of our staff should be increased.

It will be noticed that all the foregoing recommendations look not towards the enlargement of the present plant but to perfecting it.

The trustees extend to the superintendent, members of the staff, the matron, steward, superintendent of nurses, supervisors, nurses, attendants and employees their thanks for faithful service.

Respectfully submitted,

GEORGE F. BLAKE.
LYMAN A. ELY.
T. HOVEY GAGE.
THOMAS RUSSELL.
CARRIE B. HARRINGTON.
GEORGIE A. BACON.
SAMUEL B. WOODWARD.

Nov. 30, 1913.

SUPERINTENDENT'S REPORT.

To the Trustees of the Worcester State Hospital.

I herewith respectfully submit the following report of the hospital for the year ending Nov. 30, 1913, it being the eighty-first annual report.

There remained at the hospital Oct. 1, 1912, 1,300 patients, — 634 men and 666 women. During the year ending Sept. 30, 1913, there were admitted 728 patients, — 397 men and 331 women. Six hundred and ninety-eight patients — 372 men and 326 women — were dismissed from the hospital. Of this number, 261 patients — 149 men and 112 women — were discharged; 185 patients — 98 men and 87 women — died; 75 patients — 31 men and 44 women — were transferred; and 177 patients — 94 men and 83 women — left on visit or escape; leaving at the end of the statistical year, 1,330 patients, — 659 men and 671 women. Of this number, 1,085 were supported by the State, 131 by friends, and 114 as reimbursing patients. Of the 336 patients discharged and transferred, 75 (including 1 habitual drunkard, woman) were reported recovered, 68 capable of self-support, 42 improved and 69 not improved. Four men and 3 women were discharged as not insane. Twenty men were transferred by the State Board of Insanity to the Gardner State Colony; 2 men and 5 women to the Danvers State Hospital; 3 men and 1 woman to the McLean Hospital; 3 women to the State Infirmary; 1 man and 2 women to the Worcester State Asylum; 1 man to Taunton State Hospital; 1 woman to the Boston State Hospital; 1 woman to the Northampton State Hospital; 1 woman to the Medfield State Asylum; and 1 man to the Westborough State Hospital. Thirty-eight men and 16 women were removed from the State, and 3 men and 30 women were boarded out.

There remained at the end of the year 30 patients more than at the beginning. The smallest number under treatment on

any one day was 1,294, and the largest, 1,384. The daily average number was 1,346.75.

The percentage of recoveries, calculated upon the number of discharges and deaths, was 16.8; calculated upon the number of admissions it was 10.3.

The death rate was 9.1, calculated on the whole number of patients under treatment, and 13.7, calculated on the daily average number.

Some cases of dysentery have continued to occur during the summer, despite the adoption of vigorous sanitary measures. The laboratory still has this problem under investigation. A few cases of acute contagious disease have occurred, but in each instance a rigid quarantine checked any spread of contagion and no fatalities have occurred from this cause. The physicians have been active in medical attention, the record of the pharmacy shows an average of over 1,500 prescriptions per month.

In considering the admissions it would seem that we have been receiving more cases than formerly where the diagnosis was doubtful — more border line cases. The outside physicians in some localities are becoming more alive to the mental conditions in the community and realize that the hospital is a place for treatment and observation rather than of simple incarceration.

It is interesting to note that more than half of the patients admitted were foreign born, and that this ratio is somewhat higher than that of last year. Heredity was the greatest probable cause, with syphilis and alcohol, following in the order named, of almost equal importance. When we come to consider the forms of insanity in those admitted, we find that by far the greater number had dementia præcox, followed by senile dementia, alcoholic insanity and general paralysis.

A liberal policy has been adopted in regard to visits on leave of absence. An effort has been made to shorten the hospital residence of patients as much as possible. In all cases where the mental condition has permitted and opportunity offered patients have been allowed to return home on visit. Some have had to come back, but the majority have done well.

Considerable work has been accomplished in the line of in-

dustrial therapeutics. In our men's industrial room have been manufactured the brooms and brushes used in the institution. A large amount of furniture has been repaired, baskets made and many other articles of domestic use produced. The women do work in bookbinding, make rugs, baskets, trim hats, do sewing, embroidery and a lot of miscellaneous work. Many of these patients have been taken from the disturbed wards and an effort is being made to re-educate them in the ways of a more orderly method of life. At the last Christmas season a large exhibit was made here of articles manufactured by patients in this and other institutions. This exhibit was visited by over a thousand people.

It is proposed to add to our working staff a director of industrial therapeutics. This person, preferably a woman, should have charge of the therapeutic industrial activities of the whole institution. It should be her duty to lay out and direct the work and to inspire in her subordinates a proper and diligent application and in her patients an interest and enthusiasm for the work.

But for the drastic cut in our maintenance request for last year, a social service worker would be now in service. Considerable social service work has been done by various members of our medical staff, but they have not been able to give sufficient time to this work to fully meet the needs of the situation. A specially trained social service worker should be added to our staff as soon as a suitable person can be found to fill the place. Since October 1 a eugenics worker, furnished by the Eugenics Record Office, Cold Spring Harbor, Long Island, New York, has been at the institution and has been prosecuting investigations along her special line of work. This woman has been utilized, to some extent, in social service work.

The more intensive study of the various institution problems will add considerably to the numbers of special workers who will be required in various lines and will materially increase the expense of administration. It is work, however, which must be done if we are to cope properly with the situation.

For more than a year the institution was entirely without restraint or seclusion. Recently, in two instances, it has seemed necessary to break this record. Nonrestraint neces-

sarily implies a greater ratio of nurses and more intensive attention to excitable cases, not only to give these individuals proper care but to protect quiet and inoffensive patients from the assaults of the excited and deluded. The general result has been good, though there have been more acts of petty violence and a greater destruction of property. I should oppose a return to any general use of restraint or seclusion.

The assignment of female nurses for service in certain male wards has given very gratifying results. In every instance the welfare of the patients has been promoted and the general quality of the nursing service improved. A more active oversight and personal study of cases has resulted. This has made it possible in many instances to ward off excitement and violence, and to care for certain individuals on the infirmary wards who would otherwise have of necessity been classified with the disturbed and turbulent. An extension of this nursing service is to be desired.

There is a class of patients in our wards whose presence there has a very disturbing influence and for whom some other provision should be made at an early date. I refer to the so-called defective delinquents. Many of these patients are not suffering from an active psychosis but are of defective inheritance and seem utterly unable to conform, for any length of time, to the requirements and usages of society outside, so that their residence in the community cannot be endured. They require institutional care of some kind. The proper handling of these cases is a very serious problem. Many of these persons are of a fairly high degree of intelligence and capable of becoming partly, or in some instances wholly, self-supporting, if placed in the proper environment. Experiments in boarding out in families have met with only a limited degree of success. These persons in the wards of an insane hospital react unfavorably on the other patients, annoying, provoking excitement and often violence. They could well be cared for in farm colonies, perhaps connected with some department of the prisons or industrial schools, or possibly better in separate establishments. Some legislation has already been enacted dealing with these cases, but for reasons which I do not understand the provisions of the act seem inoperative. If the authorized provision does

not afford the proper relief, some modification of the act should be secured so that the defective delinquents could be removed from the wards of our insane hospitals at an early date.

With hospital buildings of this type of construction, built on the block plan and closely associated together, considerable difficulty is often experienced in making a satisfactory classification of acute patients, inasmuch as the institution can in no way limit or regulate the character of the cases admitted, but must receive and care for everyone who comes, up to the limit of capacity. When too closely associated, excitable cases seem sometimes to react upon each other. Still it would seem manifestly unfair to disturb the comfort and welfare of quiet and orderly patients by thrusting upon them excitable and disorderly persons. Then again while as much regard as possible is paid to the associating together of persons of kindred tastes and congenial disposition, quite often the classification has to be made largely in accordance with the behavior of the patient. I should regard all of our large institutions, built on the block plan, as better adapted to the care of chronic and quiet cases than to the treatment of the acutely disturbed. At no very distant date, in my opinion, this community will demand the establishment of a psychopathic unit, the buildings of which can well be erected upon these grounds, but at such distance from the present structure and with such facilities for classification as will obviate much of our present difficulty.

So great has been the difficulty in securing and retaining suitable persons for the ward service that at times during the past year the institution has been seriously embarrassed in its work. Every effort should be made to render the service more attractive. I believe that some small advance should be made in the initial wage and that there should be a more rapid increase of compensation to a more adequate sum in the case of those who prove themselves competent and trustworthy. I have long believed that the compensation which the State has given to those caring for the insane has been inadequate. The general conditions of service should be made such as to attract and retain good persons. A substantial increase in the numbers of persons employed is to be recommended in order that a higher standard of care may be given. In making the estimates

for maintenance for the coming year, a request has been made for some increase in the numbers of workers along special lines, but, if there is to be any general and radical increase in the ratio of the nursing force in our institutions, it should be State wide and for this the Legislature must make additional financial provision.

During the year a large amount of general repair has been accomplished in various parts of the institution, but much yet remains to be done. A force of male patients, working under a special man, has aided greatly in the work of renovation in the scraping and smoothing of floors. Numbers of wards have been painted, adding much to the general cheerfulness of aspect, to say nothing of the improved sanitary conditions.

Good progress is being made on the work authorized by the special appropriations of last year, save in the matter of sewage disposal. While connection of the hospital sewers with those of the city of Worcester has been authorized and the funds granted for the accomplishment of this work, such conditions were imposed that it has not been possible to make even a beginning of this undertaking. No part of this appropriation can be used until the State Board of Health makes a satisfactory report concerning the work of the city of Worcester in the matter of sewage purification in the Blackstone valley. I have no evidence that this report is to be forthcoming on any definite date, and it would seem that the institution must indefinitely postpone any activity in the matter of sewage disposal unless some modification can be secured of the restrictions imposed.

An abundant supply of water is one of the prime necessities of an institution not only for ordinary domestic purposes but for use in the hydrotherapeutic treatment of patients. With the enlargement of the institution, the use of water has steadily increased. The coming year a new building will be opened, equipped with continuous baths, which will still further add to the consumption of water. Under present arrangements the water is purchased from the city of Worcester. The financial burden is already a heavy one and must increase. In my opinion steps should be taken to secure some private source of supply. Exploratory wells have been driven in various parts

of the State property and in only one place has an abundant supply of water been found. This is, unfortunately, near to the present sewage disposal beds. An analysis of this water shows some pollution, probably from this source. With the turning of the hospital sewage into the city sewers, this source of contamination will cease and this water bearing area perhaps could be purified and made available as a source of supply. If this cannot be done properly, I should advise that other active measures be taken for the development of an adequate water supply.

In the last annual report the Legislature was asked for an appropriation to provide for the establishment of a central dining room for patients. This need was recognized by the State Board of Insanity, but the large demands upon the public treasury caused this project to be deferred to another year. Now, again I wish to call your attention to the desirability of making some change that will provide a more efficient and satisfactory service of food. In arranging to present this request again new estimates of cost were obtained to conform to present building conditions. Although no change whatever has been made in the plans, there has been a considerable increase in the estimated cost of construction. I repeat my recommendation of last year that \$100,800 "be asked from the Legislature for the purpose of erecting a two-story and basement building, the basement and first story to be utilized for laundry operations, and the top story for general industrial purposes. This sum would also suffice for the moving of the laundry machinery from its present location to the proposed new building, and the adaptation of the present laundry building for the purposes of a general dining room. These operations are grouped under one request because they are mutually dependent upon each other and can best be carried out together."

Additional accommodations for male patients the coming year will be given by the opening of the Quinby building and the occupancy of Salisbury 4, the new ward provided by the raising of the Salisbury roof. In accordance with the estimate of the State Board of Insanity, the institution will be called upon to care for 99 more patients than were estimated for the past year. The hospital is already crowded in the female de-

partment and greater numbers could not well be cared for there without greatly increasing the difficulties of administration.

With the increased number of patients for the next year will come also the need of additional accommodations for officers and employees. The building operations which are now under way will not make sufficient provision. I recommend that your Board ask the coming Legislature for an appropriation of \$19,000 for the erection and furnishing of two cottages for employees, following the same plan as that used in the building now under construction, each cottage to make provision for 10 employees, the lower floor providing a home for a man and his family.

Provision should also be made so that certain members of the medical staff may have separate houses on the hospital grounds. Such an arrangement would be an additional inducement for good men to take up hospital work and would tend to increase the permanency of the service. For this purpose I recommend that your Board request an appropriation of \$13,800, for the erection and furnishing of two bungalows for the use of officers of the institution.

At the present time the institution is equipped with ordinary ice cooled refrigerators. These suffice only for the immediate needs of the kitchen service, and are not in any way adapted for the long storage of perishable supplies. The experience of other institutions indicates that a substantial saving could be made in the cost of certain articles of food if they could be purchased in large quantities at the time of low prices and placed in cold storage for future use. This cold storage can best be secured by the use of some form of artificial refrigeration. The supplies of groceries and other stores used in the different departments are now scattered in quite a number of different basement rooms. It would seem to be desirable that all of the supplies of the institution should, so far as is practical, be kept in some central place from which issues could be made from time to time in accordance with the various needs. To accomplish these desired changes I recommend that your Board ask for an appropriation of \$50,400 for the erection of a general storehouse and for the purchase and installation of proper apparatus for artificial refrigeration.

The members of the medical staff have given faithful and intelligent service. With the financial inducements which I could offer, I have been unable to keep the members recruited to the full complement. I recommend a substantial increase in compensation and that the numbers on the staff be increased. For several months of the summer two undergraduates of the Johns Hopkins Medical School, Mr. Howard S. Colwell and Mr. Floyd E. Shaffer, gave material assistance to the staff in various ways. The service of these men was very satisfactory. I feel that there is a continued field for undergraduate work.

Staff changes:—

RESIGNATIONS.

- Dr. Floyd A. Weed, Dec. 21, 1912.
- Dr. S. Carleton Gwynne, Jan. 14, 1913.
- Dr. Francis A. Taylor, April 10, 1913.
- Dr. J. Abel Thibodeau, Sept. 30, 1913.
- Dr. Samuel T. Orton, Oct. 25, 1913.

APPOINTMENTS.

- Dr. Francis A. Taylor, Dec. 23, 1912.
- Dr. J. Abel Thibodeau, Dec. 28, 1912.
- Dr. Mary E. Morse, Jan. 1, 1913.
- Dr. Wallace L. Orcutt, Feb. 7, 1913.
- Dr. Harold C. Arey, July 15, 1913.
- Dr. Roy C. Jackson, Sept. 7, 1913.

The report of the pathologist gives the details of the laboratory work. During the year Dr. Mary E. Morse has been appointed assistant pathologist. Dr. Morse comes to her work with a considerable previous experience and is well equipped to assist in the working out of our laboratory problems. In the latter part of October Dr. Samuel T. Orton resigned his position as clinical director and pathologist to accept a similar position with the Pennsylvania Hospital for the Insane at Philadelphia.

Weekly dances have been held in the chapel. The patients have also been amused and entertained by concerts and shows of various kinds. The Worcester Asylum kindly gave us an evening minstrel show which was greatly enjoyed. Various ward entertainments have been given by patients and nurses.

Religious services have been held by Protestant, Catholic and Hebrew clergymen.

I wish to thank the publishers of the "Worcester Evening Gazette" and the "Fitchburg Sentinel" for copies of their papers. The Worcester Employment Society has also assisted us in sewing. Various friends have contributed books, papers and puzzles.

E. V. SCRIBNER,
Superintendent.

Nov. 30, 1913

LABORATORY REPORT.

To the Superintendent of the Worcester State Hospital.

I herewith submit to you the following report of the clinical and laboratory work of the hospital for the current year.

In my report for the year ending Sept. 30, 1912, there was given an outline plan of the methods proposed for the reorganization of the clinical work. This embraced two main objects: first, a more systematic and thorough method of record; and second, a more co-ordinate plan of study on the part of the medical staff. The first object, that of more thorough record, has been hampered somewhat by lack of a full quota of staff officers at times, but progress has been made, and for this the credit is due to the active interest and energy of the members of our staff. The allotted number of staff officers for regular duty is so small as to have prevented full accomplishment of the plan which aimed at a thorough and comprehensive series of running notes taken at specified intervals during the first six months following the admission of a patient; and in cases of longer residence, a physical examination and urinalysis at least once in six months and a comprehensive note on the mental condition at least once a year in every case. In order to systematize the work of keeping track of these records, and to prevent the overlooking of notes for long periods on chronic cases, a card indexing system has been installed in which record is kept on an individual card of each note submitted to the stenographers. This card is then filed not by name but by the date on which the next examination should be made. By this means lists may be readily made of those cases in which notes or physical examinations are required, and the time such notes or examinations are due, and submitted to the responsible physician.

During the summer months the hospital was fortunate in having the services of Mr. Howard S. Colwell and Mr. Floyd E. Shaffer of the Johns Hopkins Medical School as volunteer

assistants, and their work in the physical examination and note taking on the chronic cases has been of great help in bringing many records up to date.

The morbidity record and wall-board method of graphic registration of the occurrence of infectious diseases has proven of interest in showing a marked difference in the field of occurrence of the dysentery and diarrhoea cases during the winter and summer months. During the winter practically all of the cases occurred in wards in which there were many infirm, bed-ridden patients, but in the summer the spread was more general, and cases occurred not only among those who ate on the wards but from those eating in the employees' dining room and even in the officers' dining room, suggesting strongly an epidemiologic factor of general distribution and not due to faulty sanitation within the wards or in the general kitchen. This factor has not been discovered, but the flies which are still present during the warmer months in considerable numbers must be considered as one of the possibilities.

The clinical staff meetings on five mornings of the week and the literature review on Saturday mornings have been carried out according to the plan outlined in last year's report. The literature review falls to the lot of each member of the staff once a month, and while at such times it appears in the light of a considerable burden, yet it ensures a closer touch with the trend of psychiatric study, and has yielded many interesting discussions and facts of importance in interpreting symptoms or laboratory findings according to the experience of other workers. As reported before, the time allotted to the clinical staff meetings has proved insufficient for the presentation of all new cases or all cases of uncertain diagnosis or especial interest, but practically all cases ready for discharge have been presented, and the majority of other classes.

Evening meetings have been held at the laboratory once a week as formerly.

The work of the laboratory has been carried out along the lines laid down in former reports, — aiming at as wide a general review of all cases as possible and at the same time intensive study of a few of the more interesting ones. To enable the maintenance of this standard, further help was required at the laboratory and Dr. Mary Elizabeth Morse was appointed

assistant pathologist on Jan. 1, 1913. A further addition to the laboratory staff has been made by the employment of a technical assistant, who has charge of the routine urinalysis, sputum examination, and spinal fluid work under the direction of the pathologist and assistant pathologist, thus relieving the staff physicians of the routine work of this type and at the same time insuring a uniformity of method in the tests applied.

The examination of specimens of spinal fluid has been done with considerable thoroughness and is yielding information of great value for purposes of diagnosis. Samples of blood are taken from all new cases, as well as older cases of doubtful diagnosis, for examination by the Wassermann method. This work is done in the serological laboratory of the department of neuropathology of the Harvard Medical School. Our aim is to examine the spinal fluid by routine in every case in which the Wassermann reaction has been found positive in the blood serum, as well as in other cases of especial interest or doubtful diagnosis. A part of the specimen of fluid is sent to the serological laboratory for a Wassermann test while the rest is examined in our own laboratory. This examination includes a cell count, Noguchi butyric acid test for globulin, ammonium sulphate test for albumins, and an examination and differential count of the cell elements by Alzheimer's method. Since the establishment of this routine 148 specimens of spinal fluid have been examined.

The series of papers issued in compliment to Dr. Quinby have all been published and reprints were bound into volume form and are now being distributed.

During the year 56 post-mortem examinations have been performed at the laboratory. These cases classified by the psychiatric diagnoses were as follows:—

Senile psychosis,	20
General paralysis,	12
Dementia præcox,	9
Organic dementia,	6
Huntington's chorea,	2
Manic-depressive insanity,	2
Unclassified,	2
Imbecility,	1
Melancholia,	1
Paranoid condition,	1

The cases classified by the major anatomical diagnoses were: —

Broncho-pneumonia,	13
Œdema of the lungs,	4
Chronic nephritis,	3
Acute colitis,	3
Hypostatic pneumonia,	3
Arteriosclerosis,	3
Septicæmia,	3
Septic decubiti,	2
Cardiorenal,	2
Lobar pneumonia,	2
Aneurysmal dilation of the heart,	2
Pulmonary tuberculosis,	2
Chronic pyelonephritis,	1
Acute cystitis and pyelonephritis,	1
Chronic valvular endocarditis,	1
Carcinoma of ovary,	1
Bilateral pleural effusion,	1
Exhaustion,	1
Rupture of the bladder,	1
Empyema,	1
Cerebral hemorrhage,	1
Encephalomalacia,	1
Papillomata of the bladder,	1
Acute pancreatitis,	1
Septic pneumonia,	1
Subdural hemorrhage,	1

Before the appearance of this report the writer will have resigned his position to accept one — after a short period of study in Germany — as clinical director and pathologist to the Pennsylvania Hospital for the Insane in Philadelphia, and wishes to take this opportunity to express his thanks to the superintendent for the courteous treatment accorded him at all times and to the clinical staff as well as that at the laboratory for their earnest and active co-operation in the work undertaken during four years of connection with the hospital.

SAMUEL T. ORTON, M.D.,

Clinical Director and Pathologist.

PRODUCTS OF THE FARM.

ON HAND DEC. 1, 1913, AND NOT DELIVERED AT THE HOSPITAL.

Apples, barrels,	232	Mangel-wurzels, bushels,	400
Beets, bushels,	400	Onions, bushels,	710
Cabbage, tons,	13	Parsnips, bushels,	370
Carrots, bushels,	500	Pumpkins, pounds,	1,200
Cauliflower, bushels,	8	Salsify, bushels,	8
Celery, boxes,	300	Squash, winter, tons,	10
Citron, pounds,	2,200	Turnips, barrels,	320
Cucumbers, pickle, pecks,	320		

FARM ACCOUNT.

DR.

Blacksmith and supplies,	\$261 54
Bread,	426 58
Butter,	1,173 88
Carriage and wagon repairs,	50 30
Clothing,	404 98
Current expenses,	1,081 67
Fertilizer,	474 45
Fish,	228 61
Fuel,	1,207 69
Furnishings,	506 66
Groceries,	2,543 36
Harness and repairs,	188 57
Hay, grain, etc.,	13,269 12
Ice,	233 76
Live stock: —	
Calf, bull,	5 00
Chickens,	42 00
Meat,	2,400 13
Milk,	1,830 91
Repairs,	226 86
<i>Amount carried forward,</i>	<i>\$26,556 07</i>

<i>Amount brought forward,</i>	\$26,556 07
Seeds,	243 70
Sugar,	538 05
Tools,	476 54
Wages,	14,792 61
Water,	369 06
Net gain for year ending Nov. 30, 1913,	14,429 30
	<hr/>
	\$57,405 33

CR.

Apples, 460 barrels,	\$1,380 00
Asparagus, 41.5 boxes,	166 00
Beans, Lima, improved, 23 bushels,	39 10
Beans, shell, 28 bushels,	42 00
Beans, string, green, 340.5 bushels,	425 63
Beef, 6 sides, 1,952 pounds,	195 20
Beef, 2 sides, 1,142 pounds,	137 04
Beets, 855 bushels,	641 25
Blackberries, 1,351 quarts,	202 65
Cabbage, 49.34 tons,	1,381 52
Carrots, 572 bushels,	429 00
Calfskins, 2,	2 20
Cauliflower, 46 bushels,	39 10
Celery, 388 boxes,	349 20
Chard, 113 bushels,	45 20
Chicken, 383.25 pounds,	95 81
Cider, 831 gallons,	124 65
Corn, green, 959 bushels,	575 40
Cucumbers, 103 boxes,	154 50
Cucumbers, pickle, 320 pecks,	112 00
Currants, 128 quarts,	12 80
Dandelions, 51 bushels,	20 40
Eggs, 74.16 dozens,	25 96
Grain bags, 1,311,	38 60
Hay, 18 35 tons	385 35
Hides, 413.5 pounds,	43 06
Ice, 1,250 tons,	5,000 00
Kale, 229 bushels,	57 25
Lettuce, 347.33 boxes,	196 80
Live stock: —	
Calves, 59,	644 00
Cows, 4,	93 50
Hogs, 2,	35 00
	<hr/>

Amount carried forward, \$13,090 17

Amount brought forward,	\$13,090 17
Mangel-wurzels, 1,310 bushels,	327 50
Milk, 423,195 quarts,	27,507 68
Muskmelons, 59.5 crates,	74 38
Oats, 652 bushels,	293 40
Onions, 1,088.5 bushels,	1,034 08
Parsley, 9.5 bushels,	3 80
Parsnips, 420.5 bushels,	315 38
Peas, green, 188 bushels,	347 80
Pork, 32,444 pounds,	3,893 28
Pumpkins, 900 pounds,	18 00
Radishes, 323 dozen bunches,	129 20
Raspberries, 279 pints,	33 48
Rhubarb, 20,032 pounds,	400 64
Sand, 156 loads,	234 00
Squash, summer, 94 barrels,	75 20
Squash, winter, 20.87 tons,	521 75
Scullions, 25 bushels,	10 00
Spinach, 288.5 bushels,	100 98
Straw, 2.1 tons,	25 20
Strawberries, 5,303 quarts,	636 36
Tomatoes, ripe, 467.5 bushels,	467 50
Tomatoes, green, 46 bushels,	34 50
Turnips, 314.5 barrels,	471 75
Veal, 85 pounds,	6 80
Labor of patients, 2,146 days,	2,146 00
Labor of farm attendants, 1,144 days,	1,716 00
Teaming, 870 days,	3,480 00
Registration refunded,	10 50
	<hr/>
	\$57,405 33

VALUATION OF PERSONAL ESTATE.

Food,	\$13,232 10
Clothing,	10,944 87
Furnishings,	83,515 69
Heat, light and power,	3,943 42
Repairs and improvements,	6,609 76
Farm, stable and grounds,	45,167 36
Miscellaneous,	12,260 58
<hr/>	
Total,	\$175,673 78

TREASURER'S REPORT.

To the Trustees of the Worcester State Hospital.

I respectfully submit the following report of the finances of this institution for the fiscal year ending Nov. 30, 1913:—

CASH ACCOUNT.			
Balance Dec. 1, 1912,	.	.	\$7,769 01
<i>Receipts.</i>			
<i>Institution Receipts.</i>			
Board of inmates:—			
Private,	.	\$40,155 35	
Reimbursements, insane,	.	21,752 07	
			\$61,907 42
Sales:—			
Food,	.	\$744 28	
Clothing and materials,	.	121 91	
Furnishings,	.	125 00	
Heat, light and power,	.	3 70	
Repairs and improvements,	.	92 83	
Miscellaneous,	.	72 43	
Farm, stable and grounds:—			
Cows and calves,	.	\$737 50	
Pigs and hogs,	.	35 00	
Hides,	.	45 26	
Sundries,	.	56 10	
		873 86	
			2,034 01
Miscellaneous receipts:—			
Interest on bank balances,	.	\$660 11	
Rent,	.	420 00	
Sundries,	.	108 98	
			1,189 09
			65,130 52
<i>Receipts from Treasury of Commonwealth.</i>			
Maintenance appropriations:—			
Balance of 1912,	.	\$9,046 35	
Advance money (amount on hand November 30),	.	20,000 00	
Approved schedules of 1913,	.	\$300,360 15	
Less returned,	.	29 33	
		300,330 82	
			329,377 17
Special appropriations,	.	\$66,346 11	
Less returned,	.	40 00	
			66,306 11
Industries fund,	.		62 82
Total,	.		\$468,645 63

Payments.

To treasury of Commonwealth, institution receipts,	\$65,130 52
Maintenance appropriations: —	
Balance November schedule, 1912,	\$16,815 36
Eleven months' schedules, 1913,	300,330 82
November advances,	12,649 32
	<hr/>
	329,795 50
Special appropriations: —	
Approved schedules,	66,306 11
Industries fund: —	
Approved schedules,	62 82
Balance Nov. 30, 1913: —	
In bank,	\$4,834 25
In office,	2,516 43
	<hr/>
	7,350 68
Total,	<hr/>
	\$468,645 63

MAINTENANCE.

Appropriation,	\$335,250 00
Expenses (as analyzed below),	335,249 15
	<hr/>
Balance reverting to treasury of Commonwealth,	\$0 85

Analysis of Expenses.

Salaries, wages and labor: —	
Superintendent, Dr. Ernest V. Scribner,	\$3,000 00
General administration,	32,906 82
Medical service,	15,636 06
Ward service (male),	26,198 15
Ward service (female),	27,916 02
Repairs and improvements,	17,155 77
Farm, stable and grounds,	16,660 41
	<hr/>
	\$139,473 23
Food: —	
Butter,	\$16,794 65
Beans,	1,579 38
Bread and crackers,	347 48
Cereals, rice, meal, etc.,	1,649 27
Cheese,	1,176 39
Eggs,	5,636 61
Flour,	8,686 87
Fish,	3,893 24
Fruit (dried and fresh),	3,257 47
Lard,	1,402 16
Meats,	25,765 14
Milk,	1,135 00
Molasses and syrup,	500 46
Spices, seasonings, salt, etc.,	639 83
Sugar,	6,699 06
Tea, coffee, broma and cocoa,	1,898 80
Vegetables,	5,764 76
Yeast,	68 68
Sundries,	347 08
	<hr/>
	87,242 33
Amount carried forward,	<hr/>
	\$226,715 56

<i>Amount brought forward,</i>		\$226,715 56	
Clothing and materials: —			
Boots, shoes and rubbers,	\$1,676 82		
Clothing,	3,621 72		
Dry goods for clothing and small wares,	1,997 99		
Furnishing goods,	338 06		
Hats and caps,	154 20		
Leather and shoe findings,	71 08		
Materials and machinery for manufacturing,	46 89		
Sundries,	69 18		
			7,975 94
Furnishings: —			
Beds, bedding, table linen, etc.,	\$8,597 12		
Brushes, brooms,	110 78		
Carpets, rugs, etc.,	261 15		
Crockery, glassware, cutlery, etc.,	1,533 50		
Furniture and upholstery,	1,088 65		
Kitchen furnishings,	457 63		
Materials and machinery for manufacturing,	439 78		
Wooden ware, buckets, pails, etc.,	72 18		
Sundries,	1,354 75		
			13,915 54
Heat, light and power: —			
Coal,	\$27,030 65		
Gas,	404 50		
Oil,	245 47		
Sundries,	146 13		
			27,826 75
Repairs and improvements: —			
Brick,	\$112 00		
Cement, lime and plaster,	817 77		
Doors, sashes, etc.,	115 44		
Electrical work and supplies,	922 15		
Hardware,	1,315 64		
Lumber,	2,433 89		
Machines (detached),	1,878 49		
Paints, oil, glass, etc.,	3,593 17		
Plumbing, steam fitting and supplies,	2,097 54		
Roofing and materials,	66 15		
Sundries,	2,341 46		
			15,693 70
Farm, stable and grounds: —			
Blacksmith and supplies,	\$495 02		
Carriages, wagons, etc., and repairs,	3,231 74		
Fertilizers, vines, seeds, etc.,	903 51		
Hay, grain, etc.,	12,459 31		
Harnesses and repairs,	215 31		
Other live stock,	47 00		
Rent,	216 70		
Tools, farm machines, etc.,	471 92		
Sundries,	1,019 76		
			19,060 27
Miscellaneous: —			
Books, periodicals, etc.,	\$705 98		
Entertainments,	169 10		
<i>Amounts carried forward,</i>	\$875 08	\$311,187 76	

Amounts brought forward, \$875 08 \$311,187 76

Miscellaneous — *Con.*

Freight, expressage and transportation,	1,280 30	
Funeral expenses,	255 00	
Gratuities,	48 45	
Hose, etc.,	48 76	
Ice,	321 49	
Medicines and hospital supplies,	3,954 76	
Medical attendance, nurses, etc. (extra),	419 15	
Postage,	725 00	
Printing and printing supplies,	547 97	
Printing annual report,	195 01	
Religious services,	1,156 10	
Return of runaways,	448 23	
Soap and laundry supplies,	1,886 52	
Stationery and office supplies,	939 62	
Travel and expenses (officials),	603 41	
Telephone and telegraph,	769 75	
Tobacco,	1,712 46	
Water,	5,949 11	
Sundries,	1,925 22	
		24,061 39

Total expenses for maintenance, \$335,249 15

SPECIAL APPROPRIATIONS.

Balance Dec. 1, 1912,	\$65,972 24
Appropriations for fiscal year,	29,075 00

Total,	\$95,047 24
Expended during the year (see statement annexed),	66,306 11

Balance Nov. 30, 1913, \$28,741 13

RESOURCES AND LIABILITIES.

Resources.

Cash on hand,	\$7,350 68	
November cash vouchers (paid from advance money), account of maintenance,	12,649 32	
Due from treasury of Commonwealth account of November, 1913, schedule,	14,918 33	
		\$34,918 33

Liabilities.

Schedule of November bills,	\$34,918 33
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PER CAPITA.

During the year the average number of inmates has been 1,351.87

Total cost for maintenance, \$335,249.15.

Equal to a weekly per capita cost of \$4.75+.

Receipts from sales, \$2,034.01.

Equal to a weekly per capita of \$0.0288.

All other institution receipts, \$63,096.51.

Equal to a weekly per capita of \$0.8951.

INDUSTRIES FUND.

Balance Dec. 1, 1912,	. . . . .	\$300 00
Receipts credited,	. . . . .	—
		<hr/>
		\$300 00

Expenditures, approved schedules (see statement annexed),	. . . . .	\$62 82
Balance Nov. 30, 1913, reverting to treasury of Commonwealth,	237 18
		<hr/>
		\$300 00

INDUSTRIES.

Expenditures.

Materials:—

Leather,	\$62 82
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Special Appropriations.

OBJECT.	Act or Resolve.	Whole Amount.	Expended during Fiscal Year.	Expended to Date.	Balance at End of Year.
Accommodations for 100 male patients, . . .	Acts 1912, chap. 129	\$84,000 00	\$53,616 03	\$79,893 79	\$4,106 21
Salisbury wards, . . .	Acts 1912, chap. 129	10,000 00	3,839 51	9,789 51	210 49
Two elevators, . . .	Acts 1912, chap. 129	4,200 00	3,650 00	3,650 00	550 00
Cottage for employees, . . .	Res. 1913, chap. 133	8,975 00	2,306 38	2,306 38	6,668 62
Finishing attic, . . .	Res. 1913, chap. 133	8,000 00	1,905 67	1,905 67	6,094 33
Alterations of farmhouse, . . .	Res. 1913, chap. 133	4,600 00	988 52	988 52	3,611 48
Sewerage, . . .	Res. 1913, chap. 133	7,500 00	—	—	7,500 00
		\$127,275 00	\$66,306 11	\$98,533 87	\$28,741 13

Respectfully submitted,

E. V. SCRIBNER,

Treasurer.

Examined and found correct as compared with the records in the office of the Auditor of the Commonwealth.

WARREN A. MERRILL,

Assistant Supervisor of Accounts.

STATEMENT OF FUNDS.

PATIENTS' FUND.

Balance on hand Nov. 30, 1912,	\$4,325 46	
Receipts,	4,102 42	
Interest on bank balance,	159 80	
	<hr/>	\$8,587 68
Interest paid to State Treasurer,	\$159 80	
Refunded,	3,813 22	
	<hr/>	3,973 02
		<hr/> <hr/>
		\$4,614 66

Investment.

Worcester County Institution for Savings, . .	\$2,000 00	
Worcester Five Cents Savings Bank, . . .	1,000 00	
Balance Worcester National Bank, . . .	1,266 11	
Cash on hand Dec. 1, 1913,	348 55	
	<hr/>	\$4,614 66
		<hr/> <hr/>

LEWIS FUND.

Balance on hand Nov. 30, 1912,	\$1,534 23	
Income,	58 93	
	<hr/>	\$1,593 16
Expended for books and vault rent,	84 30	
		<hr/> <hr/>
		\$1,508 86

Investment.

American Telephone and Telegraph Company bond,	\$926 36	
Worcester County Institution for Savings, . .	349 44	
Balance Worcester National Bank, . . .	233 06	
	<hr/>	\$1,508 86
		<hr/> <hr/>

WHEELER FUND.

Balance on hand Nov. 30, 1912,	\$5,381 42	
Income,	254 27	
	<hr/>	\$5,635 69
Expended for books,	279 38	
		<hr/> <hr/>
		\$5,356 31

Investment.

6 shares Worcester National Bank,	\$1,002 00	
American Telephone and Telegraph Company bond,	712 50	
Worcester County Institution for Savings,	1,632 00	
Worcester Five Cents Savings Bank,	1,753 85	
Mechanics Savings Bank,	173 58	
Balance Worcester National Bank,	82 38	
		<hr/>
		\$5,356 31

LAWN FUND.

Balance on hand Nov. 30, 1912,	\$452 70	
Income,	18 26	
		<hr/>
		\$470 96

Investment.

Mechanics Savings Bank,	\$470 96	
		<hr/>

MANSON FUND.

Balance on hand Nov. 30, 1912,	\$1,627 83	
Income,	65 74	
		<hr/>
		\$1,693 57
Expended for entertainments,	57 00	
		<hr/>
		\$1,636 57

Investment.

Worcester County Institution for Savings,	\$1,636 57	
		<hr/>

Respectfully submitted,

E. V. SCRIBNER,

Treasurer of the Corporation.

Nov. 30, 1913.

WORCESTER, MASS., Dec. 5, 1913.

I hereby certify that I have this day compared the treasurer's statement of funds for the year ending Nov. 30, 1913, with the books kept at the Worcester State Hospital, and find it correct. I have also inspected the securities representing the investments and find their value is as stated.

GEORGE L. CLARK,

Auditor of Accounts.

STATISTICAL TABLES.

[FORM PRESCRIBED BY STATE BOARD OF INSANITY.]

1. — General Statistics of the Year.

	INSANE.			TEMPORARY CARE.			INEBRIATES.			AGGREGATES.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Patients in the hospital Sept. 30, 1912, Viz.: regularly committed, emergency,	633 633	662 662	1,295 1,295			1 1			4 4	634 634	666 666	1,300 1,300
Admitted within the year, Viz.: by regular commitment, emergency,	386 312	316 251	702 563			14 14			12 12	397 312	331 263	728 575
Admitted within the year, Viz.: by temporary care, voluntary,	2	3	5							2	3	5
Admitted within the year, Viz.: observation, others,						14				11	3	14
Admitted within the year, Viz.: by transfer, from visit,	11	8	19			7				6	1	7
Admitted within the year, Viz.: by transfer, from escape,	5	2	7			7				5	2	7
Nominal admissions for discharge, Viz.: from visit,	51 50	44 44	95 94							11 5	8 4	19 13
Whole number of cases within the year, Discharged within the year, Viz.: discharged,	1,019 362 140	978 315 107	1,997 677 247			15 13 12				51 44 50	44 44 44	95 94 94
Whole number of cases within the year, Discharged within the year, Viz.: discharged,	1,019 362 140	978 315 107	1,997 677 247			15 13 12				51 44 50	44 44 44	95 94 94
Whole number of cases within the year, Discharged within the year, Viz.: discharged,	1,019 362 140	978 315 107	1,997 677 247			15 13 12				51 44 50	44 44 44	95 94 94
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Whole number of cases within the year, Discharged within the year, Viz.: discharged,	1,019 362 140	978 315 1										

1. — General Statistics of the Year — Concluded.

	INSANE.			TEMPORARY CARE.			INEBRIATES.			AGGREGATES.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Patients remaining Sept. 30, 1913.	657	663	1,320	2	—	2	—	8	8	659	671	1,330
Viz.: regularly committed,	656	663	1,319	—	—	—	—	8	8	656	671	1,327
emergency,	—	—	—	—	—	—	—	—	—	—	—	—
voluntary,	1	—	1	—	—	—	—	—	—	1	—	1
temporary care,	—	—	—	2	—	2	—	—	—	2	—	2
supported as State patients,	564	511	1,075	—	—	—	—	8	8	566	519	1,085
as reimbursing patients,	47	67	114	2	—	2	—	—	—	47	67	114
as private patients,	46	85	131	—	—	—	—	—	—	46	85	131
Number of different persons within the year,	964	931	1,895	12	3	15	—	16	16	976	950	1,926
Number of different persons admitted,	333	271	604	11	3	14	—	12	12	344	286	630
Number of different persons admitted from the com-												
munity,	312	253	565	11	3	14	—	12	12	323	268	591
Number of different persons dismissed,	310	271	581	10	3	13	—	8	8	320	282	602
Number of different persons dismissed to the com-												
munity,	279	227	506	10	3	13	—	8	8	289	238	527
Number of different persons recovered,	37	34	71	2	—	2	—	—	—	39	35	74
Number of different persons capable of self-support,	39	28	67	—	1	1	—	—	—	39	29	68
Daily average number of patients,	658.60	680.25	1,338.85	1.39	.29	1.68	—	6.22	6.22	659.99	686.76	1,346.75
Viz.: State patients,	563.78	514.43	1,078.21	1.39	.29	1.68	—	6.22	6.22	565.17	520.94	1,086.11
reimbursing patients,	44.63	77.30	121.93	—	—	—	—	—	—	44.63	77.30	121.93
private patients,	50.19	88.52	138.71	—	—	—	—	—	—	50.19	88.52	138.71
Whole number of emergency admissions,	—	—	—	1	—	1	—	—	—	1	—	1
Whole number of voluntary admissions,	—	—	—	—	—	—	—	—	—	2	4	6
Daily average number of voluntary patients,	—	—	—	—	—	—	—	—	—	.96	1.14	2.10
Whole number of temporary care patients,	—	—	—	—	—	—	—	—	—	34	16	50
Daily average number of temporary care patients,	—	—	—	—	—	—	—	—	—	1.76	.47	2.23

2. — *Insane received on First and Subsequent Commitment.*

NUMBER OF THE COMMITMENT.	CASES COMMITTED.		
	Males.	Females.	Totals.
First to this hospital,	290	225	515
Second to this hospital,	14	16	30
Third to this hospital,	7	6	13
Fourth to this hospital,	2	2	4
Sixth to this hospital,	1	1	2
Eighth to this hospital,	—	1	1
Ninth to this hospital,	—	2	2
Tenth to this hospital,	—	1	1
Total cases,	314	254	568
Total persons,	312	252	564
Never before in any hospital for the insane, . . .	260	201	461

3. — *Nativity and Parentage of Insane Persons first admitted to Any Hospital.*

PLACES OF NATIVITY.	MALES.			FEMALES.			TOTALS.		
	Patient.	Father.	Mother.	Patient.	Father.	Mother.	Patient.	Father.	Mother.
Massachusetts,	85	24	33	67	21	20	152	45	53
Other New England States,	25	21	16	19	16	16	44	37	32
Other States,	14	8	10	10	7	8	24	15	18
Total native,	124	53	59	96	44	44	220	97	103
Other countries:—									
Armenia,	1	1	1	—	—	—	1	1	1
Austria,	2	2	2	1	1	1	3	3	3
Belgium,	—	—	—	1	1	1	1	1	1
Canada,	24	32	31	12	23	24	36	55	55
China,	1	1	1	—	—	—	1	1	1
Denmark,	—	—	—	1	1	1	1	1	1
England,	9	15	12	8	8	11	17	23	23
Finland,	6	6	6	3	3	3	9	9	9
France,	—	1	1	1	2	1	1	3	2
Germany,	2	4	4	2	4	2	4	8	6
Greece,	2	2	2	1	1	1	3	3	3
Holland,	—	—	—	2	2	2	2	2	2
Hungary,	1	1	1	—	—	—	1	1	1
Indies, East,	1	—	—	—	—	—	1	—	—
Indies, West,	2	2	2	1	—	1	3	2	3
Ireland,	37	67	65	41	71	71	78	138	136
Italy,	10	12	12	1	1	1	11	13	13
Lithuania,	2	2	2	1	1	1	3	3	3
New Brunswick,	2	2	2	3	2	2	5	4	4
Newfoundland,	—	—	—	1	1	2	1	1	2
Norway,	3	4	3	—	—	—	3	4	3
Nova Scotia,	2	2	4	6	4	3	8	6	7
Poland,	1	1	1	1	1	1	2	2	2
Prince Edward Island,	—	1	—	—	—	—	—	1	—
Russia,	16	16	16	7	7	7	23	23	23
Scotland,	2	3	3	3	2	4	5	5	7
Sweden,	3	3	3	8	9	9	11	12	12
Syria,	1	1	1	—	—	—	1	1	1
Turkey,	4	4	4	—	—	—	4	4	4
Total foreign,	134	185	179	105	145	149	239	330	328
Unknown,	2	22	22	—	12	8	2	34	30
Totals,	260	260	260	201	201	201	461	461	461

4. — *Residence of Insane Persons admitted from the Community.*

PLACES.	FIRST ADMITTED TO ANY HOSPITAL.			OTHER ADMISSIONS.			TOTALS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Massachusetts (by counties): —									
Middlesex,	90	80	170	19	18	37	109	98	207
Norfolk,	4	3	7	1	—	1	5	3	8
Suffolk,	29	26	55	16	8	24	45	34	79
Worcester,	137	92	229	16	26	42	153	118	271
Totals,	260	201	461	52	52	104	312	253	565
Cities or large towns (10,000 or over),	218	171	389	47	42	89	265	213	478
Country districts (under 10,000), .	42	30	72	5	10	15	47	40	87

5. — *Civil Condition of Insane Persons first admitted to Any Hospital.*

	Males.	Females.	Totals.
Unmarried,	118	77	195
Married,	112	81	193
Widowed,	25	39	64
Divorced,	4	4	8
Totals,	259	201	460
Unknown,	1	—	1
Totals,	260	201	461

6. — *Occupation of Insane Persons first admitted to Any Hospital.*

FEMALES.

Bookkeeper,	1	Proofreader,	1
Cashier,	1	Seamstresses,	2
Clerk,	1	Tailoress,	1
Cook,	1	Teachers,	4
Domestics,	29	Waitresses,	3
Dressmakers,	3	No occupation,	46
Housekeepers,	25		
Housewives,	50	Total,	200
Laundress,	1	Unknown,	1
Milliner,	1		
Nurses,	2	Total,	201
Operatives,	28		

MALES.

Agent,	1	Florist,	1
Bakers,	2	Foreman,	1
Blacksmiths,	2	Gardeners,	4
Boarding-house keeper,	1	Gasfitter,	1
Bookkeeper,	1	Janitor,	1
Brakeman,	1	Jeweler,	1
Butchers,	2	Laborers,	73
Carpenters,	4	Laundryman,	1
Chauffeur,	1	Machinists,	12
Clerks,	7	Masons,	5
Collector,	1	Mechanics,	2
Commission dealer,	1	Molders,	3
Dentist,	1	Operatives,	47
Electrician,	1	Painter,	1
Engineers,	3	Pedlers,	2
Expressman,	1	Plumber,	1
Farmers,	11	Policeman,	1

6. — *Occupation of Insane Persons first admitted to Any Hospital — Concluded.*

MALES — <i>Concluded.</i>	
Polisher, 1	Teamsters, 5
Porters, 2	Teachers, 2
Printers, 2	Upholsterer, 1
Roofer, 1	Waiter, 1
Seamen, 2	No occupation, 26
Soldier, 1	
Stableman, 1	Total, 252
Storekeepers, 5	Unknown, 8
Student, 1	
Tailors, 3	Total, 260

8. — Probable Causes of Mental Disease in Persons first admitted to Any Hospital.

EXCITING CAUSES.	ADMITTED.			PREDISPOSING CAUSES.					
	Males.	Females.	Totals.	HEREDITARY TENDENCY.		NEUROTIC TENDENCY.		ALCOHOLIC TENDENCY.	
				Males.	Females.	Totals.	Males.	Females.	Totals.
<i>Physical.</i>									
Adolescence,	18	3	21	2	1	3	3	1	4
Alcohol,	44	10	54	11	2	13	5	10	15
Arteriosclerosis,	16	10	26	—	1	1	—	—	1
Cerebral hemorrhage,	5	2	7	—	—	—	1	—	1
Cerebral hemorrhage and arteriosclerosis,	1	—	1	—	—	—	1	—	1
Congenital,	3	5	8	—	—	—	—	—	—
Constitutional predisposition,	17	11	28	5	4	9	10	1	14
Constitutional predisposition and adolescence,	2	—	2	—	—	—	—	—	—
Epilepsy,	1	—	1	—	—	—	—	—	—
Gross brain lesion,	1	1	2	1	—	1	1	—	1
Heredity,	25	24	49	25	24	49	16	15	31
Ill health,	3	5	8	1	1	2	—	1	1
Involution,	—	2	2	—	1	1	—	—	—
Lactation,	—	2	2	—	1	1	1	—	1
Morphine, cocaine and opium,	2	—	2	1	—	1	—	—	—
Overwork,	1	1	2	—	—	—	—	—	—
Puerperium,	—	6	6	—	—	—	—	—	—
Senility,	19	26	45	1	—	1	1	1	1
Senility and arteriosclerosis,	10	7	17	—	—	—	4	2	6
Syphilis,	40	13	53	1	1	2	6	3	9
Trauma,	7	1	8	—	—	—	2	—	2

9. — Probable Duration of Mental Disease before Admission.

PREVIOUS DURATION.	FIRST ADMITTED TO ANY HOSPITAL.		
	Males.	Females.	Totals.
Congenital,	12	7	19
Under 1 month,	61	23	84
From 1 to 3 months,	37	27	64
3 to 6 months,	28	20	48
6 to 12 months,	18	16	34
1 to 2 years,	10	25	35
2 to 5 years,	31	42	73
5 to 10 years,	19	18	37
10 to 20 years,	9	7	16
Over 20 years,	4	3	7
Totals,	229	188	417
Unknown,	31	10	41
Not insane,	—	3	3
Totals,	260	201	461
Average known duration (in years), .	3.68	3.43	3.57

10. — *Form of Mental Disease in Patients admitted from the Community, discharged, with Condition on Discharge, or died.*

FORM OF DISEASE.	COMMITTED.						DISCHARGED.												TOTAL DISCHARGES AND DEATHS.		
	RECOVERED.			CAPABLE OF SELF-SUPPORT.			IMPROVED.			NOT IMPROVED.			NOT INSANE.			DEATHS.			M.	F.	T.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
A. — First admitted to any hospital: —																					
Acute hallucinosis,	3	3	6	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	2	3
Alcoholic insanity, acute: —																					
Alcoholic depression,	1	2	3	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Alcoholic hallucinosis,	35	4	39	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	15	—	15
Delirium tremens,	2	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3
Alcoholic insanity, chronic: —																					
Alcoholic deterioration,	4	1	5	—	1	1	1	2	—	—	—	—	—	—	—	—	—	—	2	2	4
Alcoholic hallucinosis,	3	—	3	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	2	2	4
Alcoholic paranoid condition,	6	—	6	—	1	1	2	3	—	—	—	—	—	—	—	—	—	—	5	1	6
Polynuritic psychosis,	4	4	8	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	5	4	9
Constitutional inferiority,	7	5	12	—	3	3	1	3	4	—	—	—	—	—	—	—	—	—	2	6	8
Delirium, acute,	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Delirium,	76	81	157	14	11	25	6	2	8	25	15	40	—	—	—	5	9	14	50	37	87
Dementia præcox,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Dementia præcox, allied to,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epileptic insanity,	3	3	6	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	27	10	37
General paralysis of the insane,	25	10	35	—	1	1	3	1	4	—	—	—	—	—	—	23	9	1	—	—	—
Huntington's chorea,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Hysterical insanity,	1	1	2	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Inebriety,	5	4	9	—	1	1	—	—	—	—	2	2	—	—	—	—	—	—	2	3	5
Manic-depressive insanity: —																					
Depressed form,	10	13	23	—	1	1	2	1	3	—	—	—	—	—	—	2	3	5	8	4	13
Manic form,	5	4	9	—	1	1	1	1	2	2	2	—	—	—	—	—	—	—	4	6	10
Manic-depressive insanity, allied to,	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3
Organic dementia,	19	20	39	—	—	—	2	—	—	1	1	2	—	—	—	15	13	28	18	14	32
Paranoid condition,	2	2	4	—	1	1	—	—	—	2	2	—	—	—	—	2	2	4	2	5	7
Paranoid condition, senile,	2	2	4	—	—	—	1	1	2	—	—	—	—	—	—	1	—	—	2	1	3
Senile dementia,	40	27	67	—	—	—	1	1	2	1	2	3	—	—	—	31	29	60	32	31	63
Toxic insanity, acute: —																					
Delirium,	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	4
Hallucinosis,	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	—
Drug psychosis,	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic insanity,	5	7	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unclassified,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	5	6
Not insane,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3
Totals,	260	201	461	23	22	50	20	11	31	29	22	51	—	3	3	87	74	161	187	154	341

10. — *Form of Mental Disease in Patients admitted from the Community, discharged, with Condition on Discharge, or died* — Concluded.

FORM OF DISEASE.	COMMITTED.			DISCHARGED.												TOTAL DISCHARGES AND DEATHS.		
				RECOVERED.		CAPABLE OF SELF-SUPPORT.		IMPROVED.		NOT IMPROVED.		NOT INSANE.		DEATHS.		M.	F.	T.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
B. — Other admissions: —																		
Alcoholic insanity, acute: —																		
Alcoholic hallucinosis,	5	—	5	4	—	4	1	—	—	—	—	—	—	—	—	5	—	5
Delirium tremens,	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Alcoholic insanity, chronic: —																		
Alcoholic deterioration,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic hallucinosis,	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Alcoholic paranoid condition,	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Polynuritic psychosis,	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Constitutional inferiority,	3	1	4	—	—	—	—	—	—	—	—	—	—	—	—	3	—	4
Dementia præcox,	23	19	42	—	—	—	9	2	11	4	2	6	4	5	9	22	15	37
Dementia præcox, allied to,	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epileptic insanity,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis of the insane,	4	6	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Huntington's chorea,	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hysterical insanity,	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Imbecility,	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive insanity: —																		
Circular form,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Depressed form,	1	9	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Manic form,	9	9	18	3	6	9	3	2	5	1	1	2	2	2	2	4	4	8
Manic-depressive insanity, allied to,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Organic dementia,	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paranoid condition,	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychasthenia,	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Senile dementia,	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Toxic insanity, acute: —																		
Delirium,	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Drug psychosis,	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals,	54	53	107	10	12	22	16	6	22	7	4	11	7	5	12	—	10	89
Aggregate cases,	314	254	568	38	34	72	39	28	67	27	15	42	36	27	63	—	97	430
Aggregate persons,	312	253	565	37	34	71	39	28	67	27	15	42	36	27	63	—	97	429

11. — Discharges of the Insane, classified by Admission and Result.

NUMBER OF THE ADMISSION.	RECOVERED.			CAPABLE OF SELF-SUPPORT.			IMPROVED.			NOT IMPROVED.			NOT INSANE.			DIED.			AGGREGATES.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
First to this hospital, . . .	31	24	55	27	24	51	22	11	33	31	26	57	-	3	3	92	79	171	203	167	370
Second to this hospital, . .	5	4	9	10	2	12	4	1	5	3	1	4	-	-	-	4	2	6	26	10	36
Third to this hospital, . . .	-	2	2	1	1	2	-	-	-	2	-	2	-	-	-	1	3	4	4	6	10
Fourth to this hospital, . .	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Fifth to this hospital, . . .	2	-	2	1	-	1	-	3	3	-	-	-	-	-	-	-	1	1	3	4	7
Sixth to this hospital, . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	1
Seventh to this hospital, . .	-	1	1	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	1	1	2
Eighth to this hospital, . .	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Ninth to this hospital, . . .	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Twelfth to this hospital, . .	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Total cases, . . .	33	34	72	39	28	67	27	15	42	36	27	63	-	3	3	97	86	183	237	193	430
Total persons, . . .	37 ₄	34	71	39	28	67	27	15	42	36	27	63	-	3	3	97	86	183	236	193	429
First admitted to any hospital,	29	22	51	23	22	45	20	11	31	29	22	51	-	3	3	87	74	161	188	154	342

[illegible]

[illegible]

13. — Duration of Mental Disease and its Treatment in Patients who recovered or died.

PERIOD.	FIRST ADMITTED TO ANY HOSPITAL.						ALL OTHER ADMISSIONS.					
	DURATION BEFORE ADMISSION.			HOSPITAL RESIDENCE.			WHOLE DURATION.			WHOLE KNOWN PERIOD OF MENTAL DISEASE.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
A. — Recovered: —												
Under 1 month,	17	12	29	8	1	9	5	1	6	—	—	—
From 1 to 3 months,	9	3	12	12	10	22	11	6	17	—	—	—
3 to 6 months,	2	4	6	2	3	5	5	4	9	—	1	1
6 to 12 months,	—	2	2	6	1	7	6	6	12	—	3	4
1 to 2 years,	—	1	1	1	6	7	1	4	5	4	1	5
2 to 5 years,	1	—	1	—	1	1	1	1	2	2	4	6
5 to 10 years,	—	—	—	—	—	—	—	—	—	1	2	2
10 to 20 years,	—	—	—	—	—	—	—	—	—	1	1	2
Over 20 years,	—	—	—	—	—	—	—	—	—	—	—	—
Totals,	29	22	51	29	22	51	29	22	51	8	12	20
Unknown,	—	—	—	—	—	—	—	—	—	—	—	—
Totals,	29	22	51	29	22	51	29	22	51	8	12	20
Average of known cases (in months),	2.00	2.05	2.02	3.45	8.35	5.57	5.52	10.05	7.47	40.03	46.84	44.11
										20.45	31.60	27.10

B. — Died: —

Under 1 month,	7	—	7	22	12	34	1	—	1	—	—	—	1	1	1	2
From 1 to 3 months,	9	13	22	15	10	25	4	5	9	—	1	1	1	—	1	1
3 to 6 months,	12	3	15	7	12	19	7	1	8	—	1	1	—	2	2	2
6 to 12 months,	7	8	15	5	11	16	7	7	14	1	1	1	1	1	1	2
1 to 2 years,	8	14	22	18	8	26	12	13	25	1	—	1	2	2	2	4
2 to 5 years,	10	20	30	16	10	26	17	23	40	—	1	1	—	2	2	2
5 to 10 years,	9	6	15	2	9	11	12	10	22	2	2	4	2	1	1	3
10 to 20 years,	—	6	6	2	2	4	2	9	11	3	2	5	1	1	1	2
Over 20 years,	3	1	4	—	—	—	3	3	6	3	4	7	2	2	2	4
Totals,	65	71	136	87	74	161	65	71	136	10	12	22	10	12	12	22
Unknown,	22	3	25	—	—	—	22	3	25	—	—	—	—	—	—	—
Totals,	87	74	161	87	74	161	87	74	161	10	12	22	10	12	12	22
Average of known cases (in months),	42.32	40.61	41.43	17.00	25.75	21.03	61.75	67.34	65.33	193.42	190.56	191.99	132.93	134.05	133.49	

THIRTY-SIXTH ANNUAL REPORT

OF THE

WORCESTER STATE ASYLUM

AT

WORCESTER,

FOR THE

YEAR ENDING NOVEMBER 30, 1913.

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CONSULTING SURGEON.

LEMUEL F. WOODWARD, M.D.,	WORCESTER.
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JOHN McRAE,	<i>Business Assistant.</i>
THOMAS O. LONG,	<i>Colony Supervisor.</i>
ALICE L. LAKE,	<i>Superintendent of Nurses.</i>

The Commonwealth of Massachusetts.

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

The trustees of the Worcester State Hospital, having in charge the Worcester State Asylum, herewith respectfully present their thirty-sixth annual report. The reports of the superintendent and treasurer are hereto appended, giving full details of the health, admission, transfer and discharge of inmates and of the finances of the asylum.

In view of the anticipated removal from Worcester to the Grafton colony, no special appropriation is asked for in Worcester.

The appropriation granted by the Legislature in 1911 provided for two buildings for 50 patients each and for a storehouse. The buildings for patients are substantially completed and are occupied, and the storehouse is in use and will be completed by the expenditure of the balance of the appropriation.

The appropriation granted by the Legislature in 1912 provided for two buildings for 50 patients each and both the buildings are nearly completed and can soon be occupied.

Of the appropriation of \$400,000, providing for the removal of the asylum from Worcester to the Grafton colony, about \$200,000 has been already expended in the erection of ten buildings and additions to the bakery, laundry and power house. In the preparation of plans for these buildings the trustees were advised by the State Board of Insanity as to the class of inmates for whom provision must be made, and the plans were worked out with the co-operation of the State Board of Insanity and were submitted to and received the approval of the Governor and Council in accordance with the provisions of the act. The trustees believe that these buildings will be completed before Jan. 1, 1915.

The Legislature of 1913 made a special appropriation for the asylum amounting to \$208,000. This appropriation provided for the construction of a male nurses' home, a female nurses' home, a new kitchen and dining room at colony No. 2, repairs on the old farmhouse at colony No. 2, filter bed enlargement, water supply and reservoir, an additional boiler at the power plant, a motor generator, and a service building at colony No. 4. All the foregoing buildings and improvements have been started with the exception of the repairs on the old farmhouse, which cannot be undertaken until the house is vacated, and the service building at colony No. 4.

This service building at colony No. 4 was planned somewhat after the service building at the Pines. The contractor who built the building at the Pines was asked to estimate the cost of the proposed building, and upon his estimate an appropriation of \$48,000 was granted by the Legislature. When the building was put upon the market for bids, the lowest bid for the completed building was \$55,000. This is the only instance in the appropriations of 1911, 1912 and 1913, involving an expenditure of over \$700,000, in which the trustees have found it impossible to construct a building in accordance with the plans submitted and within the appropriation asked for. Inasmuch as the construction of this service building at colony No. 4 was essential to the removal of the asylum from Worcester to Grafton, the trustees brought the matter to the attention of the State Board. Two courses were open: either the plans could be modified to permit the building to be built within the appropriation, or the matter could await the action of the Legislature of 1914. The State Board declined to approve the modification of the plans, and the building has not been started. New estimates for its construction have been obtained which amount to \$62,000, which is \$14,000 more than the original estimate and \$7,000 more than the bid of 1913. The trustees regret that the original estimate upon which the appropriation was based has proved unreliable. They are informed that the reasons for the increase of \$7,000 over the bids of 1913 are, the general rise in price of labor and material and the increased expense which is always incurred in erecting a single building. The estimate of \$55,000 in 1913 was received from contractors whose plant was on the ground and who had labor immediately

available. In order to complete the service building at colony No. 4, therefore, the trustees respectfully request an additional appropriation of \$14,000.

The trustees renew their repeated request for better accommodations for employees. The colony is to a degree isolated, and it is impossible to secure the best and most efficient help without providing them with reasonable conveniences. We believe, also, that it will add to the permanence of the service of employees if some provision can be made for families of employees. We therefore ask for an appropriation of \$16,000 to build two cottages for employees and \$10,000 to build two bungalows for employees.

We renew the request for an appropriation of \$10,000 with which to purchase the Sinclair farm, so called, and urge again the reasons set forth in last year's report. The buildings on this farm, close to our No. 1 group, will furnish us with a horse barn and dormitory for employees, for both of which we have urgent need, and we cannot build them for the price asked for the entire property.

With the completion and occupation of all the new buildings at colony No. 3 a new boiler must be added to the heating plant, and we ask an appropriation of \$2,500 with which to purchase, equip and set such boiler.

The trustees in their last report asked for an appropriation with which to build a cow barn at colony No. 1, and we respectfully renew the request for an appropriation of \$9,000 with which to build such barn.

We believe that the efficient and economical administration of the colony requires the installation of a cold-storage plant and request an appropriation of \$16,000 therefor. The store-house recently built was planned to permit a refrigerating system to be added to it.

In their last report the trustees called attention to the needs of extending the sewage filtration plant, and that, after the removal to the colony of the patients now in Worcester, a further extension would be necessary. The trustees therefore now ask for an additional appropriation of \$25,000 with which to extend the filter beds, to meet the demands occasioned by said removal.

The recent rapid growth of the colony requires some extension

and enlargement of the hot water system, especially at colonies No. 1, No. 3 and No. 4, and an appropriation of \$4,000 is asked for this purpose.

The asylum at present has no hydrotherapeutic outfit. If the institution is to provide its inmates with that care and treatment which modern scientific methods demand, we believe that an outfit for this purpose should be installed in the infirmary building and ask for an appropriation of \$5,000 for that purpose.

The present service building at the Pines was erected in 1910 and was to care for 400 patients. The kitchen, scullery and storerooms were considered at the time hardly adequate and part of the room designed as a dining room has been used for these purposes. With the increased patients at this group all dining room facilities will be needed and additional space must be secured for kitchen and other purposes. In order to enlarge the present service building, so as to secure more kitchen accommodations, to rearrange the storerooms, pantries and sculleries, and on the second floor to provide a separate dining room for nurses and employees, we ask an appropriation of \$20,000.

In order to comply with the requirements of the Commissioner of Public Records concerning the proper custody of the asylum's records, it will be necessary to fireproof certain rooms in the administration building and provide the same with steel cases and desks. For this purpose we ask an appropriation of \$4,000.

The colony at present has no central place in which religious services or entertainments can be held. Upon the completion of the buildings now in the process of construction and upon the removal of the asylum from Worcester, the population of the colony, inmates and employees, will be about 1,700, and it seems highly important that there should be a hall centrally located capable of accommodating from 1,200 to 1,400 people. We believe that the basement under such a hall ought to provide opportunities for patients, nurses and employees in the way of gymnasium and recreation space. We therefore ask an appropriation of \$75,000 with which to construct such a building.

The details of these various requests have already been submitted to the State Board of Insanity.

The trustees regret that there are committed to this asylum so many custodial and terminal cases. The colony was established to give patients the benefits of outdoor work and occupation. The caring of custodial cases is a departure from the purposes of the colony and should, we believe, be discouraged as much as possible. We believe, also, with the growth of the institution it is desirable that it be made a reception hospital and not an asylum, to the end that it may receive its quota of acute cases to be helped by the opportunities which colony life affords.

We also wish to enter our protest against the overcrowding of our dormitories and other buildings. We do not believe that satisfactory care can be taken of patients, or that employees can give satisfactory care to patients, when the conditions under which they are housed and work are overcrowded.

The trustees have asked for a maintenance appropriation on the basis that has heretofore prevailed. It is for the Legislature to determine what is to be the standard of support for the wards of the Commonwealth. We believe that a more generous scale of salaries and wages to those who care for the insane would encourage competent people to enter upon and remain in this field of work and do much to make the management of the institution more efficient. Salaries by other States are larger than those received in this Commonwealth, and we are constantly losing valuable officials who leave to enter the service elsewhere.

To the superintendent, members of the staff, matron, supervisor of the colony, nurses, attendants and employees the trustees express their thanks for faithful service.

Respectfully submitted,

GEORGE F. BLAKE.
LYMAN A. ELY.
THOMAS H. GAGE.
THOMAS RUSSELL.
CARRIE B. HARRINGTON.
GEORGIE A. BACON.
SAMUEL B. WOODWARD.

SUPERINTENDENT'S REPORT.

To the Trustees of the Worcester State Hospital, acting for the Worcester State Asylum.

I respectfully present for your consideration the thirty-sixth annual report of the Worcester State Asylum and its colony.

On Oct. 1, 1912, 1,150 persons were inmates of this institution; of this number 546 were men and 604 were women. During the year there were admitted 270 cases, — 106 men and 164 women, — making a grand total of 1,420 cases under treatment for the year, — 652 men and 768 women. Of this number 3 men and 6 women were discharged into the community; 10 women were transferred as boarding out cases and to other institutions; 2 men escaped; 2 men and 2 women went out on visit; 27 men and 38 women died. On Sept. 30, 1913, there remained in this institution 618 men and 712 women, — 1,330 persons. The total number leaving the institution by death, transfer and discharge was 84, 14 more than last year. One man and 1 woman were discharged as capable of self-support, 3 women as improved and 4 as not improved, although able to get along outside of an institution.

Of the different forms of mental disease, primary dementia with its different forms, as last year, stands first, then alcoholism, imbecility, chronic delusional and manic-depressive insanity, senile dementia, epilepsy, involutional melancholia, constitutional inferiority, puerperal insanity and organic dementia, in the order named. Last year epilepsy and imbecility stood second and third while this year alcoholism is second in numbers, and senile dementia stands sixth as against seventh last year. A greater number of the cases admitted were of a more intelligent class compared to the very large number of imbeciles received preceding last year. The average age of all cases admitted is lower than the previous year, and the duration of disease before admission to this institution is very much

shorter. Many of the cases have been in a hospital less than six months, and more than a score less than ninety days. The patients admitted are of the violent, destructive and turbulent class, making it much more difficult to care for them with the same number of attendants and nurses.

The death rate is about one-half of one per cent. higher than last year. Of the whole number of patients treated 4.50 per cent. have died, while of the daily average number of patients, 5.31 per cent., which is 1.25 per cent. higher than last year. Tuberculosis again, as last year, stands first as the cause of death, there being 11 cases; pneumonia stands second; the deaths from tuberculosis were 2 more than last year; from pneumonia the same number as last year. The number of deaths in the cases admitted was greater than in the older cases of the institution.

During the early part of the year we had 4 cases of erysipelas among the patients at the colony, and in October 2 cases of measles occurred among the employees at the asylum. In June we had 10 cases of a bad type of dysentery at the Birches, in July 8 more cases at the Pines, and in August 4 more were noted at the Larches. The blood of all these cases was examined for malaria and typhoid. One of the nurses at the Willows contracted the disease in July and was critically ill for about eight weeks, but has made a complete recovery and is now recuperating. Four of these cases died, all of whom were advanced in years. We did 19 typhoid vaccinations among the nurses and employees who came in immediate contact with the patients. A number of them had marked reaction for a few days. There were no marked cases of dysentery on the male side.

The social work of the institution has been conducted by a member of our medical staff. She has made numerous visits to the homes of relatives and friends to ascertain the general conditions of the different families who were contemplating taking home an inmate who had become much improved; and if the surroundings were found suitable the patient was sent home on visit. Her visits to the different homes, no doubt, have been very beneficial to the homes as well as to the institution in creating a better feeling towards the institution.

The rotation of employees has been greater than in any previous year, a little more than three times. Their surroundings have been improved, the general instruction has been more varied, and more has been done for them than ever. However, the changes on the nursing staff have been a little less the past few months than during the early part of the year. The opening last year of the female nurses' home at the colony has had some staying effect and has made it more pleasant for the nurses, who after their hours of duty can leave the immediate environment of the patients. Our course of training has been still more varied. A course of lectures has been started for the male attendants, all of whom are compelled to attend. In this way we hope to be able to give instruction to all the different attendants and nurses who come in immediate contact with the patients. Lectures on social work and eugenics have been added to this course. I still believe that an increase in compensation for the attendants and nurses should be made, but I do not believe this will wholly solve the problem.

We had 270 admissions during the year or 225 more than last year, so that the institution is filled to its capacity. We have had a large number of boarding out cases sent to us, but the greatest number have been received by transfer from the other institutions. The type of patient has greatly changed. Instead of receiving an average number of quiet and semi-industrious cases, we are receiving end results in the form of violence, turbulence and destructiveness, and the care of this class of patient becomes more trying and exacting in order to prevent accidents and violence. The character of the patients admitted has slightly reduced the percentage of occupation, so that the per cent. of persons at work or occupied in some form of industry has dropped from 74.11 last year to 68.9 per cent.; yet our actual number of patients working was materially larger than the previous years. I strongly urge that the old custom of transferring patients from the hospitals to the asylums should be discontinued and that all the institutions should be made reception hospitals, so that the patient might be admitted to the institution located in his district and remain there. I believe that if the State could be redistricted and a psychopathic hospital located in the central district, namely,

Worcester county, and one in the western district, in Springfield, all of the central district could be taken care of in the two Worcester institutions and Gardner.

To reduce the amount of violence on the wards we should consider smaller units. I believe that a strong building of fireproof construction to care for not more than 20 or 25 patients should be erected in each of our custodial groups, male and female, so that the violent, homicidal and the moral imbecile could be removed from the larger wards where they are and have always been a disturbing element. I believe that this would greatly reduce the amount of violence and accidents on our large and overcrowded wards.

The work out-of-doors at the colony has progressed. More female patients have been working out-of-doors than last year. They have accomplished more and are doing better work, which is of much benefit to the institution and to the patient as well. We still more strongly urge taking excitable and turbulent cases from the wards, thereby reducing the ward disturbance greatly.

The garden work started last year was still more successful this year, many of the patients occupying all of their time in improving their small plots and helping those nurses who entered into the plan with much interest. More than fifty bushels of the different kinds of vegetables were raised, of cucumbers alone more than fourteen. All of these vegetables were allowed the patient or nurse who prepared the same for her own use, or placed them in the kitchen where they were prepared for other patients as well. Because their work was so successful the past year, a still larger area will be prepared this coming year. We shall attempt to have a more uniform plot for each patient and nurse. A number of patients working in this garden were recruited from the out-of-door working crew. The largest number of female patients working out-of-doors during any one day was 33.

The industrial work of the institution has been progressing. The sewing room at the colony has been a success. It has increased the efficiency of the patient who has been taken from the industrial rooms after her work has become more intelligent. Much clothing that heretofore was bought in the open market

has been made during the year. Much work is being done on the ward with the assistance of the nurses, many of whom like to encourage the patients to do something whereby their minds may be occupied.

The work done in the male department at the colony has been more pronounced this year than last, — a larger number of men were gotten out to work on the farm and in the barrow crews, grading and filling about the buildings. Much more work has been done in our Oaks group, this being purely for the colony type of patient who has been taken from the custodial class both from the asylum and the Elms group at the colony. The transfer of a patient from a closed ward to the farm industrial group appeals to most of them very strongly. More roads and paths have been built about the Elms, also at the Oaks. The ice pond at the Willows has been enlarged a fourth over that of last year and the material excavated used for grading about the new buildings of this group.

The work in the male industrial rooms at the asylum has been a great success. During the year about 400 chairs have been caned and resealed; about 135 rope mats have been made; 100 old laundry baskets have been repaired and more than 20 new ones constructed, all the brooms used in the institution have been made; almost 600 hair and straw mattresses have been made here and at the colony; and about 400 hair and feather pillows, and also many other valuable necessities. We have made several gross of new shoes and slippers and repaired dozens of pairs of old ones in our cobbler shop. Most interesting work has been done in our industrial rooms at the asylum as well as at the colony. Although we may not make as much usable material in these places, yet the wisdom of getting certain patients to do something and of re-educating them has been fully demonstrated. This form of labor has greatly helped to reduce the amount of noise, destruction and turbulence on the different wards by providing occupation.

We have added about 10 more acres to our cleaned land and 4 more to our tillage. This amount is not as great as we anticipated because we had so much digging, grading and general work for the patients to do. Much valuable work on the farm has been accomplished by patients' help. The farm products this year have been the largest in the history of the institution.

The yield of hay, corn and other farm products has been increased very materially. We raised more corn on one-half the acreage than was raised two years ago.

We have been testing our herd for tuberculosis every six months instead of yearly as was our custom. No reactions were noted among the cows, but five yearlings gave a positive reaction. These calves, as last year, were placed in the open pasture in April and remained there until the latter part of September when they were again tested with tuberculin, and all were negative. The entire herd was examined with but one positive reaction, a cow that had been bought in the open market about five months ago.

Numerous improvements have been made about the colony. But little repairing was necessary at the asylum because of the splendid upkeep of the same in previous years. At the colony we have made an addition to the dormitory portico at colony No. 1, giving us an extra room for clothing for the patients at this colony. The telephone booth has been finished and occupied most of the year. The cow barn had to be repaired by shoring. The horses had to be removed on account of the dangerous condition of the underpinning. The roof had to be temporarily covered before we could put in our new crop of hay. The old horse barn was renovated and the old bins removed to make room for the horses taken from the cow barn. The remaining structure of the old barn at colony No. 2, the Willows, has been removed. This lumber will be used to rebuild the small barn at the Rhodes cottage, which was destroyed by a heavy wind storm during the early part of the year. Ten new hen pens have been added to the farm department. The parts of the old pig shed removed last spring have been used to rebuild in a new location, giving us an added capacity for about 200 more pigs.

The two-colony type of dormitories of 1910, for 50 patients each, at the Willows and the Oaks, are fully occupied. The 1911 dormitories at colony No. 2 and the Oaks have been finished and are now occupied. The female nurses' home has been finished except the basement, and is fully occupied. This home is greatly appreciated by all. The two dormitories of 1912 are about finished and are soon to be occupied.

The new buildings to be erected on account of the removal of

the asylum to its colony, made mandatory by an act passed by the Legislature May 29, 1912, have all been started and are well along.

There are nine buildings in this group, namely, an administration, one infirmary, two strong buildings, — one for 100 men and one for 100 women, — one service and dining room with dormitory, a dormitory for 50 men at the Oaks, one for 50 women at the Willows, one employees' cottage at colony No. 1, one carpenter shop, and the boiler house addition. All of these buildings were put on the market in April and by the end of May the contracts were awarded and the agreements signed, so that the actual work began in June.

Twenty new wells have been sunken near the old well on the Valley farm, all of which have been piped and attached to our present water system. This water was tested several times by the State Board of Health and found to be excellent. Although we have been frequently using more than 400,000 gallons per day during the months of July, August and September, yet the water in these wells was not lowered to any appreciable degree.

About one-fourth of the excavation for the new reservoir, located on land recently procured north and west of the Willows, has been done and about 900 feet of the new 8-inch pipe has been laid. The reservoir is to be finished not later than June, when we shall possess a water supply not easily exhausted. All of the new buildings have been fully connected with our water system.

The new boiler has been purchased, installed and will soon be ready for use.

The new electrical generator and engine were purchased. The foundation is now being prepared to set them in alignment with the old generators. When these three machines are fully synchronized, we shall be able to produce all the electricity necessary for a number of years to come.

The entire Willows group is now being heated from the central boiler house, which is one of the most successful accomplishments at the colony.

Other than for maintenance, no special appropriations will be asked for at the asylum this year.

Most of the appropriations I recommend to your Board this year are necessary to provide accommodations for our employees and patients.

The need of the Sinclair farm of 83 acres is more urgent than ever for the following reasons: —

The colony horses are, at present, housed in a patched-up annex to the cow barn at No. 1. This is no longer adequate, and is also in a dilapidated condition. A new horse barn would cost about \$7,000. For \$10,000 the Sinclair farm can be purchased, with 83 acres of good land worth about \$3,000, a house in excellent condition, which is capable of caring for from 22 to 24 persons with very slight changes, and an excellent barn suitable for 22 horses. To care for 22 employees, buildings costing approximately \$14,000 would be needed. This land was desired, largely on account of its buildings, at the time the colony was established, but the owner would not sell. I would recommend your Board to ask for \$10,000 to purchase these buildings and the land as described.

When the service building at colony No. 4 was put upon the market for bids, the lowest bid was in excess of the appropriation of 1912. I therefore recommend that your Board ask for an additional appropriation of \$14,000 with which to build said building.

We shall be greatly in need of two employees' cottages to care for the increased number of employees needed at the colony. We shall have to provide new accommodations for employees who are now working at the asylum but room outside of the institution, 42 in number. These cottages are of the same type and style as those now built and being built, only somewhat larger than the original plans of 1909. One of them should be located in or about our colony No. 1 group and the other at the Oaks group. They will care for 22 to 24 employees. The first story is to be occupied by a married couple, the woman to take care of the building in compensation for the rent. It has been estimated that the cost of building and furnishing these cottages will be \$16,000. I would recommend your Board to ask for this amount.

The Colony has two small houses that are occupied by single families. It seems to be very desirable that our employees

who are married or who have families and now live in North Grafton, Westborough or Worcester can remain nearer the institution. We would be better served and it would tend to lessen the yearly rotation that seems so pronounced in our institution at present. I believe that we should have a number of small cottages for this purpose. One of these cottages should be located in the No. 3 or Oaks group, which will be occupied by the man and his wife who are in immediate charge or the physician and his family, who will later be at the head of this group. Several cottages could be located along the main highway leading from North Grafton to Westborough. I would recommend that your Board ask for \$10,000 for building, heating and furnishing these cottages.

At present we have no central building to hold church or chapel services, entertainments, or other gatherings for social or educational purposes. This building should be large enough to care for at least 1,200 or 1,400 persons and centrally located, so that it would be easily accessible from all parts of the colony. The basement should be furnished for a recreation hall, gymnasium or other athletic or calisthenic class work, or educational purposes for the patients, attendants, nurses and employees, and for a semi-storage place for furnishings and necessary material for work among the patients. The main auditorium would be used for chapel or church services and entertainments in general. I would respectfully recommend your Board to ask the coming Legislature for the sum of \$75,000 to build, heat, light and furnish the same.

The heating capacity at our colony No. 3, or the Oaks, is overtaxed at present and, with the addition of three new buildings, it will be absolutely necessary to enlarge the same. I would recommend your Board to ask for \$2,500 to purchase, erect and fully equip a boiler.

The old cow barn at our colony No. 1 has about served its usefulness and is in a deplorable condition. It has been repaired several times to tide us over from year to year, but now it is beyond repair unless a larger sum of money be expended than is justifiable. A new and modern structure should be erected at some distance from the present farm buildings. The present structure is too small to care for the number of

cows necessary to produce the required amount of milk. I therefore recommend your Board to ask the Legislature for the sum of \$9,000 to erect and equip this barn according to the plans and specifications used in the erection of the cow barn at our colony No. 3, in 1906, but to accommodate 64 instead of 50 cattle.

The storage building has been built for two years. It will be necessary to equip the same the coming year with a refrigerating system so as to have it ready for use by the end of 1914. It is estimated that to complete this insulation, finish rooms, purchase the machinery and erect the same the sum of \$16,000 is needed. I recommend your Board to ask for the above sum.

Our present filter beds are overtaxed. They take care of but one-half of the sewage. When the new beds are completed they will not even care for the new buildings now under construction, so that we shall have to add at least twice the amount of filter-bed surface. However, I do not believe that we should ask for more than half the amount this year. We are still caring for the colony No. 1 group by surface drainage in fields near the railroad. We were requested by the State Board of Health to discontinue the same four years ago, but have not done so because of the lack of funds to comply with this request. I therefore recommend your Board to ask the next Legislature for the sum of \$25,000 to build 10 more filter beds.

It will be necessary to extend our hot water system to fully equip the new buildings at our colonies No. 1 and No. 4, the Oaks and the Willows. For this extension \$4,000 will be required. I would urgently recommend your Board to ask the next Legislature for this sum to purchase the pipe, dig the trenches and install the same.

A new hydiatric outfit should be installed in our new infirm-ary building now under construction, so that we can give a more scientific and up-to-date treatment. This apparatus and the arrangement of the same should be placed in the basement of the infirm-ary building, so that it may be easily accessible by being centrally located. I recommend your Board to ask the coming Legislature for the sum of \$5,000 to purchase and install such an apparatus.

In order to care for the increased number of patients in the Pines group the service building there must be increased, and I therefore recommend that your Board ask for an appropriation of \$20,000 with which to enlarge the service building to give increased kitchen, scullery and store space and provide for more suitable dining rooms for nurses and employees.

To comply with a request made by the Commissioner of Public Records, who examined our plans and specifications for the new administration building now under construction at our Grafton colony, it will be necessary to fireproof all rooms containing our public records. It will be necessary to place iron doors on these rooms, iron shutters on the windows, to enlarge the vaults and make heavier walls of the same. I would recommend your Board to ask for a sum of \$4,000 to comply with this request.

Our training school has been in existence for more than ten years. We give a two years' course consisting of lectures, and class and ward demonstrations in connection with the daily work on the wards. The probation period extends over a period of three months, during which time the nurses receive special instruction and at the end of the two years, or June of the second year, having passed the final examinations, they take a six months' course in a general hospital. We are now affiliated with two general hospitals, — the Boston City Hospital and the Burbank Hospital in Fitchburg. All of our nursing force, no matter what their duties, have been compelled to take the training. This year we have made it mandatory for all attendants to take lectures both here and at our colony. This year 15 nurses graduated from our training school.

Several changes have taken place on our staff. Dr. B. Henry Mason resigned the first of November to take up private practice in Portland, Me. Dr. H. L. Horsman was promoted to this position. Dr. George K. Butterfield, who has been an assistant in the Taunton State Hospital since 1902, was appointed to fill this last made vacancy.

With the exception of the summer months we have had our regular weekly dances at the asylum and at our colony, and a monthly entertainment of some kind usually given by local

talent. In October we had a minstrel show, gotten up by a recovered patient, which was so successful that, after two performances at the asylum and colony, it was presented at one of the other institutions. This work is made more easy by the encouragement of the nurses and attendants who have charge of the social work among the patients and employees. Several berrying parties were made to our colony on the auto truck. These trips were very popular. On July 4 we had a regular field day at our colony which was attended by more than 200 patients, nurses and employees. The usual number of patients attended the different circuses and the New England Agricultural Fair.

The officers of the institution have given me cordial assistance and support throughout the year. The employees in general have been loyal in the performance of their duties. The procuring of the most efficient help has been trying. I am indeed especially indebted to your Board for your many kindnesses and assistance in aiding me in my many duties.

We are indebted to the publishers of the "Worcester Evening Gazette" and to the "Boston Journal" for copies of their daily papers; to the Hospital Society for books, pamphlets, magazines, and Christmas cards; to the Worcester Employment Society for a large amount of sewing for the institution; to Miss Frances Lincoln for books, magazines and papers; to Mrs. Kinnicutt for books, magazines and pictures; and to the several members of your Board for most generous contributions.

H. LOUIS STICK.

Superintendent.

WORCESTER, MASS., Nov. 30, 1913.

TREASURER'S REPORT.

To the Trustees of the Worcester State Hospital acting for the Worcester State Asylum.

I respectfully submit the following report of the finances of this institution for the fiscal year ending Nov. 30, 1913:—

CASH ACCOUNT.

Balance Dec. 1, 1912,	\$13,569 33
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Receipts.

Institution Receipts.

Board of inmates:—

Reimbursements, insane,	\$8,067 59
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Sales:—

Food,	\$225 98
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Clothing and materials,	400 14
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Repairs and improvements,	17 09
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Miscellaneous,	243 98
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Farm, stable and grounds:—

Cows and calves,	\$1,364 97
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Hides,	9 40
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	1,374 37
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Total sales,	2,261 56
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Miscellaneous receipts:—

Interest on bank balances,	\$218 79
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Sundries,	7 57
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From Retirement Association,	56 85
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	283 21
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	10,612 36
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Sales account of industries fund,	10 55
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Receipts from Treasury of Commonwealth.

Maintenance appropriations:—

Balance of 1912 (\$799.29 less returned \$12.10),	\$787 19
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Advance money (amount on hand November 30),	20,000 00
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Approved schedules of 1913,	\$264,968 38
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Less returned,	27 27
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	264,941 11
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	285,728 30
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Special appropriations,	213,643 49
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Industries fund:—

Approved schedule,	1 50
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Total,	\$523,565 53
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Payments.

To treasury of Commonwealth:—

Institution receipts,	\$10,612 36
Industries fund,	10 55

Maintenance appropriations:—

Balance November schedule, 1912,	\$15,070 00
Eleven months schedules, 1913,	264,941 11
November advances,	6,399 16
	<hr/>
	286,410 27

Special appropriations:—

Approved schedules,	\$213,643 49
Less advances, last year's report,	713 48
	<hr/>
	\$212,930 01
November advances,	1,089 38
	<hr/>
	214,019 39

Industries fund:—

Approved schedules,	1 50
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Balance, Nov. 30, 1913:—

In bank,	\$12,126 05
In office,	385 41
	<hr/>
	12,511 46
Total,	<hr/>
	\$523,565 53

MAINTENANCE.

Appropriation,	\$290,900 00
Expenses (as analyzed below),	290,811 31
	<hr/>
Balance reverting to treasury of Commonwealth,	\$88 69

Analysis of Expenses.

Salaries, wages and labor:—

H. Louis Stick, superintendent,	\$3,000 00
General administration,	37,736 54
Medical service,	6,736 23
Ward service (male),	19,549 60
Ward service (female),	20,144 52
Repairs and improvements,	10,288 48
Farm, stable and grounds,	19,519 83
	<hr/>
	\$116,975 20

Food:—

Butter,	\$13,319 68
Beans,	1,236 69
Crackers,	593 75
Cereals, rice, meal, etc.,	1,366 28
	<hr/>
Amounts carried forward,	\$16,516 40
	<hr/>
	\$116,975 20

<i>Amounts brought forward,</i>		\$16,516 40	\$116,975 20
Food — <i>Con.</i>			
Cheese,		817 05	
Eggs,		1,439 77	
Flour,		8,142 63	
Fish,		2,632 94	
Fruit (dried and fresh),		2,924 46	
Lard,		861 59	
Meats,		21,840 16	
Milk,		4,735 59	
Molasses and syrup,		289 75	
Spices, seasonings, salt, etc.,		290 37	
Sugar,		3,131 92	
Tea, coffee, broma and cocoa,		2,335 00	
Vegetables,		4,292 00	
Yeast,		114 88	
Sundries,		486 23	
			70,850 74
Clothing and materials: —			
Boots, shoes and rubbers,		\$2,013 17	
Clothing,		9,090 68	
Dry goods for clothing and small wares,		2,037 06	
Furnishing goods,		89 57	
Hats and caps,		164 43	
Leather and shoe findings,		258 27	
Materials and machinery for manufacturing,		105 93	
Sundries,		469 89	
			14,229 00
Furnishings: —			
Beds, bedding, table linen, etc.,		\$9,548 83	
Brushes, brooms,		356 50	
Carpets, rugs, etc.,		86 60	
Crockery, glassware, cutlery, etc.,		912 38	
Furniture and upholstery,		464 10	
Kitchen furnishings,		587 70	
Materials and machinery for manufacturing,		617 21	
Wooden ware, baskets, pails, etc.,		95 59	
Sundries,		1,673 96	
			14,342 87
Heat, light and power: —			
Coal,		\$23,653 17	
Freight on coal,		4,791 85	
Gas,		9 79	
Oil,		350 08	
Sundries,		633 49	
			29,438 38
Repairs and improvements: —			
Cement, lime and plaster,		\$107 60	
Doors, sashes, etc.,		23 60	
Electrical work and supplies,		593 77	
Hardware,		1,619 67	
Lumber,		1,238 26	
Machines (detached),		442 50	
<i>Amounts carried forward,</i>		\$1,025 40	\$245,836 19

<i>Amounts brought forward,</i>	\$4,025 40	\$245,836 19
Repairs and improvements — <i>Con.</i>		
Paints, oil, glass, etc.,	1,848 89	
Plumbing, steam fitting and supplies,	2,422 70	
Roofing and materials,	258 65	
Sundries,	1,021 31	
		9,576 95
Farm, stable and grounds: —		
Blacksmith and supplies,	\$348 38	
Carriages, wagons, etc., and repairs,	4,084 23	
Fertilizers, vines, seeds, etc.,	1,828 92	
Hay, grain, etc.,	9,126 60	
Harnesses and repairs,	229 47	
Horses,	950 00	
Cows,	1,050 24	
Other live stock,	287 48	
Tools, farm machines, etc.,	218 37	
Sundries,	1,258 74	
		19,382 43
Religious services,		954 00
Miscellaneous: —		
Books, periodicals, etc.,	\$452 76	
Entertainments,	559 55	
Freight, expressage and transportation,	2,454 36	
Funeral expenses,	433 00	
Hose, etc.,	126 47	
Ice,	46 25	
Medicines and hospital supplies,	1,195 98	
Medical attendance, nurses, etc. (extra),	60 00	
Postage,	366 43	
Printing and printing supplies,	116 39	
Printing annual report,	140 33	
Return of runaways,	151 72	
Soap and laundry supplies,	2,668 04	
Stationery and office supplies,	1,186 52	
Travel and expenses (officials),	384 46	
Telephone and telegraph,	639 00	
Tobacco,	841 97	
Water,	1,523 78	
Sundries,	1,714 73	
		\$15,061 74
Total expenses for maintenance,		\$290,811 31

SPECIAL APPROPRIATIONS.

Balance Dec. 1, 1912,	\$452,399 21
Appropriations for fiscal year,	208,500 00
Total,	\$660,899 21
Expended during the year (see statement annexed),	\$213,643 49
Reverting to treasury of Commonwealth,	1 72
	213,645 21
Balance Nov. 30, 1913,	\$447,254 00

RESOURCES AND LIABILITIES.

Resources.

Cash on hand,	\$12,511 46	
November cash vouchers (paid from advance money):—		
Account of maintenance,	\$6,399 16	
Account of special appropriations,	1,089 38	
	<hr/>	7,488 54
Due from treasury of Commonwealth account of November, 1913, schedule,	5,870 20	
	<hr/>	\$25,870 20

Liabilities.

Schedule of November bills,	\$25,870 20
---------------------------------------	-------------

PER CAPITA.

During the year the average number of inmates has been 1,256.45.

Total cost for maintenance, \$290,811.31.

Equal to a weekly per capita cost of \$4.439.

Receipt from sales, \$2,263.56.

Equal to a weekly per capita of \$0.034.

All other institution receipts, \$8,348.80.

Equal to a weekly per capita of \$0.127.

INDUSTRIES FUND.

Balance Dec. 1, 1912,	\$300 00
Receipts credited,	10 55
	<hr/>
	\$310 55
Expenditures, approved schedules (see statement annexed),	\$1 50
Reverting to treasury of Commonwealth,	298 50
Balance Nov. 30, 1913,	10 55
	<hr/>
	310 55

INDUSTRIES.

Expenditures.

Materials:—

Reed for baskets,	\$1 50
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Special Appropriations.

OBJECT.	Act or Resolve.	Whole Amount.	Expended during Fiscal Year.	Expended to Date.	Balance at End of Year.
Two buildings, 50 patients each,	Acts 1910, chap. 125	\$40,000 00	\$191 74	\$39,998 28	\$1 72 ¹
Nurses' home,	Acts 1911, chap. 149	29,300 00	1,214 61	28,789 11	510 89
Two buildings, 50 patients each,	Acts 1911, chap. 149	40,000 00	12,174 10	37,525 92	2,474 08
Storehouse,	Acts 1911, chap. 149	17,100 00	1,833 82	15,955 54	1,144 46
Two buildings, 50 patients each,	Acts 1912, chap. 132	40,000 00	28,775 63	35,921 84	4,078 16
Grafton colony construction,	Acts 1912, chap. 679	400,000 00	146,547 94	146,547 94	253,452 06
New kitchen and dining room, colony No. 2,	Acts 1913, chap. 133	23,000 00	7,394 37	7,394 37	15,605 63
Repairing old house at colony No. 2,	Acts 1913, chap. 133	3,300 00	—	—	3,300 00
New boiler,	Acts 1913, chap. 133	2,000 00	—	—	2,000 00
Filter bed enlargement,	Acts 1913, chap. 133	25,000 00	2,024 20	2,024 20	22,975 80
Water supply and development of reservoir,	Acts 1913, chap. 133	16,000 00	4,890 12	4,890 12	11,109 88
Motor generator,	Acts 1913, chap. 133	5,900 00	—	—	5,900 00
Male nurses' home,	Acts 1913, chap. 133	49,000 00	5,767 08	5,767 08	43,232 92
Female nurses' home,	Acts 1913, chap. 133	36,300 00	1,574 17	1,574 17	34,725 83
Service building, central kitchen and dormitory,	Acts 1913, chap. 133	48,000 00	1,255 71	1,255 71	46,744 29
Elms,					
		\$774,900 00	\$213,643 49	\$327,644 28	\$447,254 00

¹ Reverting to treasury of the Commonwealth.

Respectfully submitted,

H. LOUIS STICK,

Treasurer.

Examined and found correct as compared with the records in the office of the Auditor of the Commonwealth.

WARREN A. MERRILL,

Assistant Supervisor of Accounts.

INMATES' FUND.

Cash on hand Dec. 1, 1912,	\$3,830 42
Received from inmates,	\$1,211 25
Interest, Worcester Trust Company,	34 23
Interest, Mechanics Savings Bank,	98 10
	1,343 58
	\$5,174 00
Cash refunded inmates,	717 09
Balance (Worcester Trust Company, \$1,913.97; Mechanics Savings Bank, \$2,527.04; drawer, \$15.90),	\$4,456 91

WORCESTER, Dec. 20, 1913.

I hereby certify that I have made a monthly examination of all bills and pay rolls representing the current expenses of the Worcester State Asylum for the year ending Nov. 30, 1913 (\$290,811.31), and have found them properly scheduled and correctly cast.

I also find in the hands of the treasurer \$4,456.91 belonging to patients.

GEORGE L. CLARK,
Examiner.

STATISTICAL TABLES.

[FORM PRESCRIBED BY STATE BOARD OF INSANITY.]

1. — General Statistics of the Year.

	INSANE.			INEBRIATES.			AGGREGATES.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Patients in asylum Oct. 1, 1912,	546	604	1,150	—	—	—	546	604	1,150
Admitted within the year,	106	161	267	—	3	3	106	164	270
Viz: by transfer,	102	156	258	—	3	3	102	159	261
from visit,	2	2	4	—	—	—	2	2	4
from visit, nominally,	—	3	3	—	—	—	—	3	3
from elopement,	1	—	1	—	—	—	1	—	1
from elopement, nominally,	1	—	1	—	—	—	1	—	1
Whole number of cases in year,	652	765	1,417	—	3	3	652	768	1,420
Dismissed within the year,	34	56	90	—	—	—	34	56	90
Discharged,	3	6	9	—	—	—	3	6	9
Viz.: as recovered at time of leaving asylum,	—	—	—	—	—	—	—	—	—
as capable of self-support,	1	1	2	—	—	—	1	—	2
as improved,	—	3	3	—	—	—	—	3	3
as not improved,	2	2	4	—	—	—	2	2	4
Died,	27	38	65	—	—	—	27	38	65
Transferred,	—	10	10	—	—	—	—	10	10
Escaped,	2	—	2	—	—	—	2	—	2
On visit Oct. 1, 1913,	2	—	2	—	—	—	2	—	2
Patients remaining Sept. 30, 1913,	618	709	1,227	—	3	3	618	712	1,330
Viz.: supported as State patients,	598	685	1,283	—	3	3	598	688	1,286
as private patients,	—	—	—	—	—	—	—	—	—
Number of different persons within the year,	20	24	44	—	—	—	20	24	44
Number of different persons admitted,	651	761	1,412	—	3	3	651	764	1,415
Number of different persons dismissed,	105	153	258	—	3	3	105	163	268
Number of different persons recovered,	33	53	86	—	—	—	33	55	86
Number of different persons discharged, capable of self-support,	—	—	—	—	—	—	—	—	—
Daily average number of patients,	1	1	2	—	—	—	1	1	2
Viz.: State patients,	566.42	656.57	1,222.99	—	.04	.04	566.42	656.61	1,223.03
private patients,	541.30	632.42	1,173.72	—	.04	.04	541.30	632.46	1,173.76
reimbursing patients,	—	—	—	—	—	—	—	—	—
reimbursing patients,	25.12	24.15	49.27	—	—	—	25.12	24.15	49.27

2. — *Received on First and Subsequent Admissions.*

NUMBER OF ADMISSION.	CASES ADMITTED.		
	Males.	Females.	Totals.
First (to this asylum),	100	156	256
Second (to this asylum),	2	—	2
Third (to this asylum),	—	—	—
Total cases,	102	156	258
Total persons,	102	156	258

3. — *Ages of Insane at First Attack and Death.*

	DIED.					
	AT FIRST ATTACK.			AT TIME OF DEATH.		
	Males.	Females.	Totals.	Males.	Females.	Totals.
Congenital,	—	—	—	—	—	—
15 years and less,	2	—	2	—	—	—
From 15 to 20 years,	1	1	2	—	—	—
20 to 25 years,	4	3	7	—	1	1
25 to 30 years,	—	3	3	—	1	1
30 to 35 years,	3	3	6	3	1	4
35 to 40 years,	2	3	5	1	4	5
40 to 50 years,	5	4	9	8	8	16
50 to 60 years,	1	4	5	3	7	10
60 to 70 years,	1	3	4	8	5	13
70 to 80 years,	—	—	—	3	9	12
Over 80 years,	—	—	—	1	2	3
Unknown,	8	14	22	—	—	—
Totals,	27	38	65	27	38	65
Total persons,	—	—	—	—	—	—
Mean known ages (in years),	32.84	39.66	36.65	54.33	56.42	55.55

4. — *Form of Mental Disease in Patients admitted or discharged, with their Condition on Discharge, or Death — Concluded.*

FORM OF DISEASE.	ADMITTED.			RECOVERED.				CAPABLE OF SELF-SUPPORT.				DECHARGED.				DIED.		TOTAL DISCHARGES AND DEATHS.	
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Females.
B. — All other admissions: —																			
Alcoholic insanity, acute.																			
Alcoholic insanity, chronic.	5	2	7													1	1	2	1
Chronic delusional insanity.	5	5	10													1	1	2	1
Constitutional inferiority.		2	2																
Constitutional inferiority with primary dementia.	1	2	3																
Dementia, chronic.		2	2																
Dementia praecox.	13	16	29													2	6	8	1
Dementia praecox, paranoid form.																2	3	5	1
Epilepsy.		7	7													1	1	2	1
Epilepsy with dementia.	1	1	2													1	2	3	1
General paresis.	1	1	2													1	1	2	1
Imbecile with dementia.	3	1	4													1	1	2	1
Imbecile.	1	7	8																
Imbecile with traumatic epilepsy.	1	1	2																
Involuntary psychosis.		3	3																
Manic-depressive insanity.	5	4	9																
Organic dementia.																			
Puerperal insanity, infectious.		1	1													1	1	2	1
Totals B.	36	53	89													11	14	25	15
Aggregate cases.	102	156	258													27	33	60	44
Aggregate persons.	102	156	258													27	33	60	44

5. — Discharges of the Insane, classified by Admission and Results, and Deaths.

NUMBER OF ADMISSION.	RECOVERED.			CAPABLE OF SELF-SUPPORT.			IMPROVED.			NOT IMPROVED.			DIED.			TOTALS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
First,	—	—	—	1	1	2	—	3	3	1	2	3	27	37	64	29	43	74
Second,	—	—	—	—	—	—	—	—	—	1	—	1	—	1	1	1	1	2
Third,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total cases,	—	—	—	1	1	2	—	3	3	2	2	4	27	38	65	30	44	74
Total persons first admitted to any hospital when received by institution from which transferred,	—	—	—	1	1	2	—	2	2	1	2	3	16	24	40	18	29	47

7. — *Duration of Mental Disease and its Treatment in Patients who recovered or died.*

PERIOD.	FIRST ADMITTED TO ANY HOSPITAL WHEN RECEIVED BY INSTITUTION FROM WHICH TRANSFERRED.						ALL OTHER ADMISSIONS.					
	DURATION BEFORE ADMISSION.			HOSPITAL RESIDENCE.			WHOLE DURATION.			WHOLE KNOWN PERIOD OF MENTAL DISEASE.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
A. — Recovered,	—	—	—	—	—	—	—	—	—	—	—	—
B. — Died: —												
Under 1 month,	5	4	9	—	—	—	—	—	—	—	—	—
From 1 to 3 months,	3	3	7	2	—	—	—	—	—	—	—	—
From 3 to 6 months,	—	—	—	—	—	—	—	—	—	—	—	—
6 to 12 months,	1	1	2	1	1	2	1	1	2	—	—	—
1 to 2 years,	1	2	3	1	1	2	1	2	3	—	—	—
2 to 5 years,	1	4	5	1	2	3	1	3	4	2	6	8
5 to 10 years,	1	2	3	1	8	9	1	8	9	1	4	5
10 to 20 years,	1	1	2	7	6	13	2	4	6	3	1	4
Over 20 years,	—	1	1	4	5	9	7	4	11	3	1	4
Totals,	13	19	32	16	24	40	13	19	32	6	5	11
Unknown,	3	5	8	—	—	—	3	5	8	5	9	14
Totals,	16	24	40	16	24	40	16	24	40	11	14	25
Average of known cases (in months),	20.46	42.52	33.56	161.12	157.20	158.77	202.84	161.68	178.40	228.5	200.8	215.90
										154.3	196.92	179.16

EIGHTY-SECOND ANNUAL REPORT
OF
THE TRUSTEES
OF THE
WORCESTER STATE HOSPITAL,
AND
THIRTY-SEVENTH ANNUAL REPORT OF THE TRUSTEES
OF THE
WORCESTER STATE ASYLUM AT WORCESTER,
FOR THE
YEAR ENDING NOVEMBER 30, 1914.



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OFFICERS OF THE HOSPITAL.

TRUSTEES.

— — —	—
— — —	—
— — —	—
ELLEN A. SHEEHAN,	WORCESTER.
GEORGIE A. BACON,	WORCESTER.
— — —	—
TIMOTHY J. FOLEY,	WORCESTER.

RESIDENT OFFICERS.

ERNEST V. SCRIBNER, M.D., . . .	<i>Superintendent.</i>
B. HENRY MASON, M.D., . . .	<i>First Assistant Physician.</i>
GEORGE A. McIVER, M.D., . . .	<i>Assistant Physician.</i>
HAROLD C. AREY, M.D., . . .	<i>Assistant Physician.</i>
ROY C. JACKSON, M.D., . . .	<i>Assistant Physician.</i>
SIDNEY M. BUNKER, M.D., . . .	<i>Assistant Physician.</i>
GEORGE E. MOTT, M.D., . . .	<i>Assistant Physician.</i>
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R. GRANT BARRY, M.D., . . .	<i>Assistant Physician.</i>
ISA M. RICHARDSON, . . .	<i>Director of Industrial Therapeutics.</i>
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ARTHUR E. GILMAN, . . .	<i>Steward.</i>
BERTHA M. HARRIS, . . .	<i>Matron.</i>
JOSEPH T. REYNOLDS, . . .	<i>Farmer.</i>

NONRESIDENT OFFICERS.

MARY E. MORSE, M.D., . . .	<i>Assistant Pathologist.</i>
HOWARD BEAL, M.D., . . .	<i>Consulting Surgeon.</i>
WALTER W. CAMPBELL, D.D.S., . . .	<i>Dentist.</i>
GEORGE E. PARESEAU, . . .	<i>Druggist.</i>
GEORGE L. CLARK, . . .	<i>Auditor.</i>
JESSIE M. D. HAMILTON, . . .	<i>Clerk.</i>
JAMES DICKISON, JR., . . .	<i>Engineer.</i>

The Commonwealth of Massachusetts.

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

The trustees of the Worcester State Hospital herewith respectfully submit their eighty-second annual report. Accompanying it are the reports of the superintendent and treasurer, which give a more detailed account of the institution, its activities, management and needs.

The Legislatures of 1912 and 1913 appropriated funds for the building of an additional wing to accommodate 100 male patients, for altering and furnishing the old farmhouse, for finishing and furnishing the attic of the female nurses' home, and for a cottage for employees. This work has been completed and its value already demonstrated.

The Legislature of 1913 appropriated \$7,500 for a new sewer pipe line. The terms of the law, whereby this appropriation was granted, are such that it has been impossible to make use of the available funds, and the sewage disposal problem is still with us.

It is now a decade since the Legislature's attention was first called to this matter. During this time the amount of sewage has materially increased and the present method of its disposal has become a nuisance, not only to nearby residents, but to the thousands of persons who traverse the main highway from Worcester to Boston.

At the present time the hospital is paying the city of Worcester approximately \$6,000 per year for water. It is the opinion of the trustees that a private water supply would be a saving to the Commonwealth and of inestimable value to the institution. As the only available source is in the immediate vicinity of the filter beds, it is highly desirable that these be abandoned.

In view of these conditions, the trustees most respectfully appeal to you, the Chief Executive of the State, and your honorable Councillors to take such steps as will solve this long-

standing problem. We, therefore, ask that the terms of the law be so changed as to make the appropriation of 1913 available.

For two years the trustees have asked for an appropriation which would provide for the construction of a laundry and industrial building, and for the conversion of the old laundry into congregate dining rooms. The need for this is even greater than two years ago, and the change would not only add to the comfort and convenience of patients, nurses and attendants, but tend to greater economy and efficiency in the service. To make this possible, we renew our request of last year for an appropriation of \$100,800.

In order to promote the retention of faithful employees, and to create more real home life for those with families, we renew our request of former years for suitable accommodations, and ask for appropriations of \$16,000 and \$11,400, the former for two cottages, at \$8,000 each, to house employees, the latter for two bungalows, at \$5,700 each, for members of the medical staff and their families.

Food constitutes a large item in the maintenance charges of the institution. Economy in this direction can come only by the purchasing of supplies in larger quantities and better care of the products of farm and garden. To do this adequately, a cold-storage plant must be maintained. We, therefore, ask for an appropriation for this purpose of \$50,400.

During the year a majority of the trustees felt compelled to terminate their relations with the institution. Their resignation, after years of faithful, conscientious service, has removed from the Board its most valued members, and lost to the State servants of unquestionable ability.

In closing this report the trustees would express their appreciation of the efforts and co-operation of the superintendent, assistants and employees.

Respectfully submitted,

ELLEN A. SHEEHAN.
GEORGIE A. BACON.

TIMOTHY J. FOLEY.

SUPERINTENDENT'S REPORT.

To the Trustees of the Worcester State Hospital.

I herewith respectfully submit the following report of the hospital for the year ending Nov. 30, 1914, it being the eighty-second annual report.

There remained at the hospital Oct. 1, 1913, 1,330 patients, — 659 men and 671 women. During the year ending Sept. 30, 1914, there were admitted 757 patients, — 416 men and 341 women. Six hundred and sixty-seven patients — 356 men and 311 women — were dismissed from the hospital. Of this number, 338 patients — 171 men and 167 women — were discharged; 146 patients — 93 men and 53 women — died; 43 patients — 13 men and 30 women — were transferred; and 140 patients — 79 men and 61 women — left on visit or escape; leaving at the end of the statistical year, 1,420 patients, — 719 men and 701 women. Of this number, 1,201 were supported by the State, 127 by friends, and 92 as reimbursing patients. Of the 381 patients discharged and transferred, 92 (including 2 habitual drunkards, women) were reported recovered, 95 capable of self-support, 52 improved and 85 not improved. Three men and 12 women (including 11 habitual drunkards, women) were discharged as not insane. Four men and 2 women were transferred by the State Board of Insanity to the Danvers State Hospital; 2 men and 4 women to the State Infirmary; 2 men and 4 women to the Boston State Hospital; 4 women to the Taunton State Hospital; 2 men and 1 woman to the Medfield State Hospital; 1 man and 1 woman to the Westborough State Hospital; 1 man to the Foxborough State Hospital; 2 women to the Gardner State Colony; and 1 man to the Wellesley Nervine. Forty-one men and 16 women were removed from the State, and 12 women were boarded out.

There remained at the end of the year 90 patients more than at the beginning. The smallest number under treatment on

any one day was 1,326, and the largest, 1,429. The daily average number was 1,385.34.

The percentage of recoveries, calculated upon the number of discharges and deaths, was 19.0; calculated upon the number of admissions it was 12.1. .

The death rate was 6.9, calculated on the whole number of patients under treatment, and 10.6, calculated on the daily average number, a ratio well under that of last year.

In reviewing the cases admitted, it appears that more than half were of foreign birth. If we go back one generation, we find that the ancestors of these persons were of foreign birth in a much larger ratio. A comparison with previous years, however, shows a constantly decreasing ratio in the numbers of the foreign born. In connection with this aspect of the situation, it may be interesting to know that 26 different foreign countries contributed to furnishing the cases. These cases also were representative of 60 different occupations. As would be expected, laborers, housewives, operatives and domestics furnished the greater numbers and in the order given.

In comparison with last year a larger number has been admitted and a smaller number discharged, with a consequent accumulation amounting to 90 cases. Despite this fact, the daily average number has been kept considerably below the estimate. Trustworthy conclusions cannot be drawn as to the increase or decrease in the ratio of new cases unless we consider the statistics of all the hospitals in the State which admit acute cases. It is of interest to note that of the first admissions to any hospital, the greatest number occurred in persons from forty to fifty years of age, while the numbers from fifty to eighty years were not far different from those from fifteen to forty.

Realizing that it is not so much the admission of new cases as the retention of old ones that is causing the accumulation of the insane, a special effort has been made to return to the community as many patients as possible, not only the recovered but also those whose condition permitted a release from hospital care without detriment to themselves or to the community. Had this policy not been pursued, the accumulation would have been greater. The statistics of twenty-seven

months are available for comparison with the previous twenty-seven months. During the first period, 359 cases, out of a daily average of 1,369 (about $2\frac{2}{3}$ per cent.), were released on visit. Of this number, 96 (a little more than one-quarter) had to return. During the second period, 635 cases, out of a daily average of 1,398 ($4\frac{1}{2}$ per cent.), were released on visit. Of this number, 162, a trifle more than one-fifth, had to return. It would seem that with almost twice as great a number given leave of absence, there would naturally be twice as great a ratio to return. Such, however, has not been the result. From the greater ratio of cases released, there has been a distinct falling off in the ratio of cases returned. This experience leads me to believe that many persons now in institutions, while obviously insane, may profitably be returned to the community in such numbers as to appreciably affect the necessary provision. This is particularly true of many aged and infirm persons who have no hope of mental recovery, and for whom the institution can do little more than to offer a good home under medical supervision.

The general health of the house has been good. Several cases of diphtheria were reported, but in only three or four were there decided symptoms, the majority being purely bacteriological. A close quarantine was established and stamped out the disease. The dysentery, which for several years has been persistent, has yielded to rigorous sanitary measures and the close attention of the staff, and is no longer a serious problem.

Among the causes of death, pneumonia stands first, with general paralysis, arteriosclerosis and tuberculosis following. It is interesting to note that of the general paralytics but three were women.

The work of the director of industrial therapeutics has contributed much to the successful treatment and management of cases. Particular attention has been given to the more intractable patients, and a special effort has been made to arouse interest in those cases of dementia præcox and other mental states which are characterized by a condition of apathy and indifference to surroundings. Quite a degree of success has been attained in this work. In several instances unpromising

cases have made such progress in our industrial classes that they have been promoted to a participation in the work of the regular manufacturing departments of the institution.

The industrial work has not only included the ordinary occupations of sewing, fancy work, broom and brush making, weaving, carpentry and other familiar industries, but in addition a beginning has been made in the manufacture of pottery. Some simple articles have already been produced. A kiln for firing is now in process of construction, and with its completion a new impetus will be given to the interest in this work.

Much interest in the industrial work has been evinced by both patients and employees, and this interest is an increasing one. An exhibit and sale has been held of articles manufactured. This exhibit has attracted considerable attention and has been quite successful financially.

The work of the industrial director has also included a general supervision of the games and amusements of the patients. Not only have indoor amusements been stimulated, but out-of-door games have been arranged for. A baseball nine has been organized, and during the summer and fall the regular Saturday afternoon game with some visiting club has been an event looked forward to and much enjoyed by the patients. Indoors, various games in the wards have relieved the monotony of existence. In the chapel, afternoon parties have been held with cards, dancing and other simple amusements. Games and the music of the phonograph have served to amuse and entertain those in the wards whose mental or physical condition precludes chapel attendance.

During the colder months of the year regular weekly dances and moving-picture shows are held. At irregular intervals various other entertainments are given, as plays, lectures, etc. In some of the vaudeville exhibitions patients often take part, contributing not only to the amusement of their associates, but to their own as well.

The work of the training school has been reorganized. More attention is given to probationers, who have regular class work and demonstrations. A large number of men are now probationers. The general lecture course has been increased and more work is required of the juniors and seniors. Instruction

by the industrial director is now a regular part of the curriculum of the training school. Ten lessons in handicraft, consisting of lectures and problems, are given to each probation class. There will also be a course for the junior and senior classes, with work in the industrial room and practical application on the wards. Each member will have an opportunity to finish at least one problem. Instruction will also be given to the male attendants.

There has been a very distinct improvement in the character and quality of those employed as nurses and attendants. Probably several factors have contributed to bring this about. Some small increase in compensation has been given, better living accommodations have been provided, efforts have been made to make the work more attractive, and last, and perhaps by no means least, the prevailing hard times in the community have doubtless caused many more applications for places, with a consequent larger range of selection.

On September 1, with the sanction of the State Board of Insanity, an out-patient department was established by the institution, to offer advice and treatment to persons suffering from insomnia, unusual worry, depression, apprehension and other symptoms indicative of incipient mental disease. It is believed that early attention and home treatment may sometimes be able to relieve diseased conditions and in some cases to prevent commitment to an institution. These clinics are held at the hospital on every Tuesday from 2 to 5 o'clock in the afternoon and from 7 to 9 o'clock in the evening. There has seemed to be a public interest in this work. Quite a number of persons have presented themselves for examination and advice, and the interest seems to be a growing one. Once each month an out-patient clinic is also held at Spencer. Once each month special attention is given to the examination of defective children. At this clinic the hospital physicians are assisted by a representative from the staff of the School for the Feeble-minded. Arrangements have been made with the supervisor of school attendance of Worcester schools to bring backward and mentally defective children to the clinic for examination. The establishment of this out-patient service has not only been of benefit to the public, but has stimulated

interest in the members of the medical staff, who have one and all entered heartily and earnestly into the work.

For some little time the social service work has been performed by different members of the medical staff, who have many times investigated home conditions where it has been sought to place unrecovered patients out in the community and have also visited patients out on visit and reported as to their findings. The amount and importance of this work has been growing rapidly, and, with the opening of our out-patient clinic, has assumed such importance that it has been found necessary to appoint a special person to this service, who will take up the work at an early date.

All patients dismissed on visit or discharged are given printed instructions to return on a certain specified date for conference and continued treatment, if needed. All patients going to Boston are requested to report to the Psychopathic Hospital, and, if to other districts, to report to that State hospital which is nearest and most convenient.

The hospital is now open to the friends of patients every day in the week and to other visitors on every day except Sunday.

There has been a closer attention given to the nursing service on the male wards. The superintendent of nurses and the assistant superintendent make regular visits of inspection to the male wards, giving instruction looking to the improvement of conditions. The number of female nurses on regular service on the male wards has been increased.

The past year has been one of expansion in the activities of the institution. Much has been done to stimulate the service and to better the condition of the patients. A more active attention to executive detail on the part of the staff has resulted in a better and more rational classification in the acute service, and has, in the past few months, raised the medical work to a distinctly higher plane. In our wards for disturbed patients, there is a far greater degree of order and contentment than ever before. In this connection it is of interest to note that the recovery rate of the past year is the highest of any for several years. In my opinion, the treatment of the insane would be greatly aided by the establishment of a psychopathic unit in connection with this institution.

The hydrotherapeutic and electro-therapeutic apparatus have come into more extensive use. Excellent results from this treatment have been obtained in several cases. A large and well-lighted room has been set apart and furnished with proper equipment for surgical purposes, adding greatly to our facilities.

The laboratory has been in charge of Dr. Mary E. Morse, assistant pathologist, whose report is appended. As will be observed, the routine work of the laboratory has been carried on efficiently, and special studies of several different problems completed. An appointment to the position of clinical director and pathologist is now pending, and it is expected that the place will be filled at an early date.

Since the last annual report, the renovation of the old farmhouse has been completed and the cottage for employees erected. Both these buildings are now occupied, and provide much needed additional accommodation. The attic of the nurses' home has been finished, and has furnished lodging for many additional nurses. The building for 100 male patients has been completed, and has been for some time fully occupied. It is proving well adapted for its purpose. One of the old cottages near the main entrance has been thoroughly repaired and renovated, and is now occupied by two of our assistant physicians with their families. Much work of general repair has been accomplished in the various departments. In this, the labor of patients has been utilized as fully as possible, and in considerable measure lessened the expense. The operations of the farm and garden have again been successful, not only yielding a large margin of profit, but affording a useful outlet for the activities of many of our male patients.

In considering our material needs, I must again call the attention of your Board to the matter of the proper disposal of the sewage from this institution. Although the Legislature of 1913 appropriated a sum sufficient for connecting our sewers with those of the city of Worcester, the grant was made subject to requirements with which it has been impossible to comply, and the appropriation is of no avail. Meanwhile the hospital sewage continues to be cared for in the same old objectionable way, distributing its offensive odors to the annoyance of the neighbors and the passers-by. The use of water by

the institution is constantly growing. This water is now purchased from the city of Worcester for a sum far in excess of the interest on the amount which it would cost to provide a private supply. No action can be taken in this matter until the sewage ceases to be cared for in its present location. I recommend that your Board again ask the Legislature for relief as to sewage disposal, either by granting \$7,500 under such conditions that it will be possible to use it, or by such other action as may be deemed fitting. It is my belief, however, that any local surface disposal of sewage would always be unsatisfactory, and that the only perfect remedy for existing conditions is to connect with the city sewers and merge the institution problem with that of the city.

The proper service of food is of prime importance everywhere and in no place of more consequence than in an institution. I believe that for many of our small separate dining rooms should be substituted one central dining room where food can be served more economically and satisfactorily. Accommodation is also needed for our varied and multiplying industries. I recommend that your Board ask for \$100,800 for the purpose of erecting a two-story and basement brick building, — the top floor to be used for industrial purposes, the other floors for laundry, — and for moving the machinery and adapting the present laundry building to the purposes of a dining room. These changes are grouped together, as it is one problem.

I consider it of the utmost importance in conducting the affairs of the institution to make the conditions of service such that good people can be induced to stay here and make it a life work. With this end in view I recommend that the sum of \$16,000 be asked for to erect and furnish two cottages for employees, each cottage to provide lodging for 10 employees, the lower floor being a home for a man and his family.

I also recommend that the Legislature be asked for \$11,400 for the erection and furnishing of two bungalows for officers.

I call your attention to the need of a storage building which shall centralize the housing of supplies and furnish réfrigeration for the more perishable commodities. I recommend that your Board ask for \$50,400 for the erection of a storage building and

for the purchase and installation of proper refrigerating machinery.

I deeply regret the retirement from your Board of several of its members, and wish to take this opportunity to express to them and to you my grateful appreciation of the support and counsel that the Board has always given to me.

Several changes have taken place in the staff. Dr. Ray L. Whitney resigned as first assistant physician to enter the service of the McLean Hospital. He left the service here with the regret of his associates. Dr. B. Henry Mason was promoted to the position thus made vacant, and has given earnest and energetic work.

RESIGNATIONS.

Dr. Henning V. Hendricks, Jan. 31, 1914.

Dr. Ray L. Whitney, April 30, 1914.

Dr. Wallace L. Orcutt, May 16, 1914.

Dr. Cornelia B. J. Schorer, June 19, 1914.

Dr. Benjamin F. Andrews, Sept. 12, 1914.

APPOINTMENTS.

Dr. B. Henry Mason, Feb. 1, 1914.

Dr. Sidney M. Bunker, April 1, 1914.

Dr. Benjamin F. Andrews, June 20, 1914.

Dr. William H. MacKay, June 20, 1914.

Dr. George E. Mott, June 30, 1914.

Dr. Jennie G. McIntosh, July 1, 1914.

Dr. R. Grant Barry, Aug. 11, 1914.

I take this occasion to thank the members of the medical staff for the earnest and efficient work which they have done.

Failing health compelled the resignation of Miss Mary F. Dudley from the position of matron. Miss Bertha M. Harris, assistant matron, was promoted to the place, and has successfully conducted the affairs of her department.

In May Mr. Mulford H. Center resigned his position as steward to enter another line of business. The institution has been fortunate in securing as his successor Mr. Arthur E. Gilman, whose long experience in hospital work particularly fitted him for the place. The affairs of his department have been ably managed.

To the other officers and employees I am grateful for the good service which they have rendered.

Regular religious services have been held by clergymen of different denominations.

I wish again to thank the publishers of the "Worcester Evening Gazette" and the "Fitchburg Sentinel" for copies of their papers. The Worcester Employment Society has continued to assist in sewing, and different friends have remembered the institution with gifts of various useful articles.

E. V. SCRIBNER,
Superintendent.

Nov. 30, 1914.

LABORATORY REPORT.

To the Superintendent of the Worcester State Hospital.

I herewith submit the report of the laboratory for the current year.

The laboratory work has been continued on the same general plan as during the previous year.

The following routine work has been done:—

Urinalyses,	734
Blood examinations (red, white and differential counts),	26
Bacteriological examinations (exclusive of throat cultures),	274
Throat cultures,	1,105
Gastric analyses,	11
Animal inoculations,	6
Cerebrospinal fluid examinations,	97
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Total,	2,253

Forty-five autopsies have been performed during the year, representing 30 per cent. of the deaths during the same period.

The psychiatric diagnoses in the autopsied cases were as follows:—

Senile psychosis,	15
General paralysis,	9
Organic dementia,	8
Dementia præcox,	5
Alcoholic psychoses,	4
Manic-depressive insanity,	2
Epileptic insanity,	1
Unclassified,	1

The major anatomical diagnoses were:—

Lobar pneumonia,	7
Broncho pneumonia,	6
Hypostatic pneumonia,	1
Abscesses of lung,	3

Pulmonary œdema,	2
Pulmonary thrombosis,	2
Empyema,	1
Cardiovascular,	1
Myocarditis,	2
Chronic nephritis,	4
Pyonephrosis,	1
Congenital cystic kidneys,	1
Acute colitis,	1
Acute enteritis,	1
Carcinoma of colon,	1
Septicæmia,	3
Septic decubiti,	2
Exhaustion of general paralysis,	2
Anæmia (pernicious),	1
Subdural hemorrhage,	1
Status epilepticus,	1
Strangulation (suicide),	1

The following special studies have been completed: —

Correlations of Cerebrospinal Fluid Examinations with Psychiatric Diagnoses. A study of 140 cases. *Boston Medical and Surgical Journal*, Vol. CLXX, No. 11, p. 373.

Hemiatrophy of the Cerebellum in a Case of Late Catatonia (in collaboration with Dr. A. E. Taft). *The Journal of Nervous and Mental Disease*, Vol. 41, No. 9, September, 1914.

A Study of the Spinal Cord in a Case of Isolated Atrophy of the Intrinsic Muscles of the Hands.

Thalamic Gliosis in Dementia Præcox.

During the past six months fortnightly meetings have been held in the laboratory, at which the work of the laboratory has been presented to the clinical staff, and autopsies of special interest, as well as other subjects having both a clinical and pathological bearing, have been discussed.

M. E. MORSE, M.D.,
Assistant Pathologist.

Nov. 30, 1914.

PRODUCTS OF THE FARM.

ON HAND DEC. 1, 1914, AND NOT DELIVERED AT THE HOSPITAL.

Apples, barrels,	250	Onions, bushels,	644
Beets, bushels,	300	Parsnips, bushels,	330.5
Cabbage, tons,	25	Pumpkins, pounds,	424
Carrots, bushels,	450	Squash, winter, tons,	13.05
Celery, boxes,	150	Turnips, bushels,	500

FARM ACCOUNT.

Dr.	
Blacksmith and supplies,	\$358 80
Bread,	435 65
Butter,	1,171 25
Carriage and wagon supplies,	103 88
Clothing,	888 95
Current expenses,	1,976 56
Fertilizer,	6,361 51
Fish,	301 38
Fuel,	1,283 33
Furnishings,	319 51
Groceries,	2,612 61
Harness and repairs,	44 60
Hay, grain, etc.,	23,684 26
Ice,	222 00
Live stock: —	
Chickens,	72 00
Cows,	690 00
Meat,	3,134 24
Milk,	1,973 98
Repairs,	635 81
Seeds,	345 26
<hr/>	
<i>Amount carried forward,</i>	\$46,615 58

<i>Amount brought forward,</i>	\$46,615 58
Sugar,	508 41
Tools,	893 58
Wages,	14,375 41
Water,	306 56
Net gain for year ending Nov. 30, 1914,	11,535 18
	<hr/>
	\$74,234 72

CR.

Apples, 767 barrels,	\$1,534 00
Apples, crab, .8 barrel,	1 80
Asparagus, 85 boxes,	340 00
Beans, Lima, improved, 39 bushels,	62 40
Beans, shell, 22 bushels,	18 70
Beans, string, 366 bushels,	311 10
Beef, steer, 14,064 pounds,	1,758 00
Beets, 558.25 bushels,	334 95
Beet greens, 51 bushels,	20 40
Blackberries, 1,749 quarts,	209 88
Cabbage, 25.775 tons,	335 08
Carrots, 609.5 bushels,	365 70
Calfskins,	1 44
Cauliflower, 31 bushels,	17 05
Celery, 423.4 boxes,	317 55
Chicken, 1,139.5 pounds,	273 48
Cider, 2,292 gallons,	343 80
Citron, 2,466 pounds,	24 66
Corn, green, 1,356 bushels,	813 60
Cucumbers, 131.5 boxes,	131 50
Cucumbers, pickle, 320 pecks,	112 00
Currants, 384 quarts,	19 20
Eggs, 3,405½ dozen,	851 27
Egg plant, 1.57 barrels,	5 89
Fodder:—	
Cabbage, 11 tons,	55 00
Corn, green, 55 tons,	275 00
Corn, stalk, sweet, 22 tons,	110 00
Ensilage, 500 tons,	2,500 00
Millet, 55 tons,	275 00
Oats and peas, 77 tons,	385 00
Rye, green, 66 tons,	330 00
Gooseberries, 10 quarts,	1 00
Grease,	5 26

Amount carried forward, \$12,139 71

<i>Amount brought forward,</i>	\$12,139 71
Grain bags, 585,	17 40
Hay, 328 tons,	6,806 00
Hides, 1,415 pounds,	192 35
Ice, 1,200 tons,	3,600 00
Kale, 200 bushels,	50 00
Lettuce, 678.5 boxes,	169 63
Live stock: —	
Calves,	463 00
Cows,	92 50
Mangel-wurzels, 400 bushels,	100 00
Manure, 950 cords,	5,700 00
Milk, 470,291 quarts,	26,649 83
Muskmelons, 34 crates,	34 00
Oats, 480 bushels,	240 00
Onions, 1,385 bushels,	831 00
Parsley, 6.75 bushels,	2 36
Parsnips, 474.5 bushels,	308 43
Pears, 6 bushels,	4 50
Peas, green, 242 bushels,	484 00
Peppers, 1.75 bushels,	88
Pork, 33,856 pounds,	4,062 72
Pumpkins, 2,826 pounds,	42 39
Radishes, 160.33 bushels,	120 25
Raspberries, 174 quarts,	31 32
Rhubarb, 20,205 pounds,	202 05
Squash, summer, 78 barrels,	46 80
Squash, winter, 11.914 tons,	238 28
Salsify, 8 bushels,	8 00
Scullions, 66 bushels,	16 50
Spinach, 386.5 bushels,	135 28
Strawberries, 8,464 quarts,	1,015 68
Tallow, 168 pounds,	5 04
Tomatoes, green, 59 bushels,	59 00
Tomatoes, ripe, 884 bushels,	884 00
Turnips, 1,052.5625 bushels,	789 42
Labor of patients, 2,154 days,	2,154 00
Labor of farm attendants, 1,045 days,	1,030 68
Labor of teamsters, 1,077.5 days,	991 84
Board of resident employees, 2,122.5 days,	1,255 88
Teaming, 1,077.5 days,	3,232 50
Registration refunded,	27 50
	<hr/>
	\$74,234 72

VALUATION OF PERSONAL PROPERTY.

Food,	\$6,754 35
Clothing,	11,726 86
Furnishings,	76,236 40
Heat, light and power,	3,889 49
Repairs and improvements,	2,615 91
Farm, stable and grounds,	48,795 93
Miscellaneous,	12,150 44
Industries,	1,586 00
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Total,	\$163,755 38

TREASURER'S REPORT.

To the Trustees of the Worcester State Hospital.

I respectfully submit the following report of the finances of this institution for the fiscal year ending Nov. 30, 1914: —

CASH ACCOUNT.

Balance Dec. 1, 1913,	\$7,350 68
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Receipts.

Institution Receipts.

Board of inmates: —

Private,	\$37,697 44	
Reimbursements, insane,	17,249 81	
		\$54,947 25

Sales: —

Food,	\$975 62	
Clothing and materials,	406 31	
Furnishings,	3 69	
Repairs and improvements,	12 95	
Miscellaneous,	88 58	

Farm, stable and grounds: —

Cows and calves,	\$555 50	
Pigs and hogs,	5 26	
Hides,	193 79	
Sundries,	56 90	
		811 45

2,298 60

Miscellaneous receipts: —

Interest on bank balances,	\$635 95	
Rent,	168 00	
Sundries,	84 33	
		888 28

58,134 13

Sales, account of industries fund,	18 83
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Receipts from Treasury of Commonwealth.

Maintenance appropriations: —

Balance of 1913,	\$14,918 33	
Advance money (amount on hand November 30),	22,000 00	
Approved schedules of 1914,	\$336,927 07	
Less returned,	13 55	
		336,913 52

373,831 85

Special appropriations,	18,271 34
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Total,	\$457,606 83
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Payments.

To treasury of Commonwealth:—

Institution receipts,	\$58,134 13
Industries fund,	18 83

Maintenance appropriations:—

Balance November schedule, 1913,	\$22,269 01
Eleven months' schedules, 1914,	336,913 52
November advances,	9,222 96
	<hr/>
	368,405 49

Special appropriations:—

Approved schedules,	18,271 34
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Balance Nov. 30, 1914:—

In bank,	\$12,676 68
In office,	1,100 36
	<hr/>
	12,777 04

Total,	\$457,606 83
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MAINTENANCE.

Appropriation, \$362,500; brought from 1913, \$0.85; deficiency, 1913,

\$255.61,	\$362,756 46
Expenses (as analyzed below),	359,408 80

Balance reverting to treasury of Commonwealth,	\$3,347 66
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Analysis of Expenses.

Salaries, wages and labor:—

Ernest V. Scribner, Superintendent,	\$3,000 00
General administration,	35,627 48
Medical service,	14,804 80
Ward service (male),	29,029 64
Ward service (female),	31,828 59
Repairs and improvements,	18,955 01
Farm, stable and grounds,	16,318 69
	<hr/>
	\$149,564 21

Food:—

Butter,	\$15,124 71
Beans,	306 62
Bread and crackers,	193 38
Cereals, rice, meal, etc.,	1,477 77
Cheese,	1,068 36
Eggs,	6,210 86
Flour,	8,286 98
Fish,	3,440 58
Fruit (dried and fresh),	2,723 38
Lard,	1,427 14
Meats,	32,832 40
Milk,	1,391 54
Molasses and syrup,	499 90
Spices, seasonings, salt, etc.,	453 82
	<hr/>

Amounts carried forward,	\$75,437 44	\$149,564 21
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<i>Amounts brought forward,</i>	\$75,437 44	\$149,564 21
Food—<i>Con.</i>		
Sugar,	4,908 76	
Tea, coffee, bromo and cocoa,	1,830 23	
Vegetables,	5,707 42	
Yeast,	72 93	
Sundries,	628 53	
	<hr/>	88,585 31
Clothing and materials:—		
Boots, shoes and rubbers,	\$2,795 27	
Clothing,	3,484 13	
Dry goods for clothing and small wares,	2,455 80	
Furnishing goods,	221 53	
Hats and caps,	76 59	
Leather and shoe findings,	72 69	
Materials and machinery for manufacturing,	119 11	
Sundries,	129 31	
	<hr/>	9,354 43
Furnishings:—		
Beds, bedding, table linen, etc.,	\$9,723 31	
Brushes, brooms,	300 03	
Carpets, rugs, etc.,	352 73	
Crockery, glassware, cutlery, etc.,	1,148 57	
Furniture and upholstery,	1,919 48	
Kitchen furnishings,	1,093 29	
Materials and machinery for manufacturing,	379 58	
Wooden ware, buckets, pails, etc.,	110 10	
Sundries,	1,488 97	
	<hr/>	16,516 06
Heat, light and power:—		
Coal,	\$31,424 54	
Gas,	394 27	
Oil,	241 59	
Sundries,	144 05	
	<hr/>	32,204 45
Repairs and improvements:—		
Brick,	\$94 08	
Cement, lime and plaster,	442 79	
Doors, sashes, etc.,	6 01	
Electrical work and supplies,	1,363 24	
Hardware,	1,507 83	
Lumber,	2,070 95	
Machines (detached),	539 37	
Paints, oil, glass, etc.,	3,246 68	
Plumbing, steam fitting and supplies,	2,916 15	
Roofing and materials,	398 65	
Sundries,	2,647 85	
	<hr/>	15,233 60
Farm, stable and grounds:—		
Automobile and supplies,	\$796 26	
Blacksmith and supplies,	541 48	
Carriages, wagons, etc., and repairs,	1,019 04	
Fertilizers, vines, seeds, etc.,	921 61	
Hay, grain, etc.,	14,232 73	
	<hr/>	
<i>Amounts carried forward,</i>	\$17,511 12	\$311,458 06

<i>Amounts brought forward,</i>	\$17,511 12	\$311,458 06
Farm, stable and grounds — <i>Con.</i>		
Harnesses and repairs,	368 30	
Horses,	175 00	
Cows,	690 00	
Other live stock,	72 00	
Rent,	94 58	
Tools, farm machines, etc.,	949 46	
Sundries,	1,624 46	
	<hr/>	21,484 92
Religious services,		1,290 70
Miscellaneous: —		
Books, periodicals, etc.,	\$591 98	
Entertainments,	337 70	
Freight, expressage and transportation,	880 62	
Funeral expenses,	219 00	
Gratuities,	80 80	
Hose, etc.,	47 92	
Ice,	362 70	
Medicines and hospital supplies,	3,714 31	
Medical attendance, nurses, etc. (extra),	1,286 43	
Postage,	590 66	
Printing and printing supplies,	647 22	
Printing annual report,	195 32	
Return of runaways,	262 18	
Soap and laundry supplies,	2,632 88	
Stationery and office supplies,	1,436 66	
Travel and expenses (officials),	764 75	
Telephone and telegraph,	761 02	
Tobacco,	1,363 00	
Water,	5,996 92	
Sundries,	3,003 05	
	<hr/>	25,175 12
Total expenses for maintenance,		\$359,408 80
SPECIAL APPROPRIATIONS.		
Balance Dec. 1, 1913,		\$28,741 13
Expended during the year (see statement annexed),	\$18,271 34	
Reverting to treasury of Commonwealth,	9,557 58	
	<hr/>	27,828 92
Balance Nov. 30, 1914,		\$912 21
RESOURCES AND LIABILITIES.		
<i>Resources.</i>		
Cash on hand,	\$12,777 04	
November cash vouchers (paid from advance money), account of maintenance,	9,222 96	
Due from treasury of Commonwealth, account of November, 1914, schedule,	2,495 28	
	<hr/>	\$25,495 28
<i>Liabilities.</i>		
Schedule of November bills,		\$22,495 28

Special Appropriations.

OBJECT.	Act or Resolve.	Whole Amount.	Expended during Fiscal Year.	Expended to Date.	Balance at End of Year.
Accommodations for 100 male patients, . . .	Acts 1912, chap. 129	\$84,000 00	\$3,194 00	\$83,087 79	\$912 21
Salisbury wards, . . .	Acts 1912, chap. 129	10,000 00	—	9,789 51	210 49 ¹
Two elevators, . . .	Acts 1912, chap. 129	4,200 00	363 70	4,013 70	186 30 ¹
Cottage for employees, . . .	Acts 1913, chap. 133	8,975 00	5,805 33	8,111 71	863 29 ¹
Finishing attic, . . .	Acts 1913, chap. 133	8,000 00	5,767 85	7,673 52	326 48 ¹
Alterations of farmhouse, . . .	Acts 1913, chap. 133	4,600 00	3,140 46	4,128 98	471 02 ¹
Sewerage, . . .	Acts 1913, chap. 133	7,500 00	—	—	7,500 00 ¹
		\$127,275 00	\$18,271 34	\$116,805 21	\$912 21

¹ Reverting to treasury of the Commonwealth.

Respectfully submitted,

E. V. SCRIBNER,

Treasurer.

Examined and found correct as compared with the records in the office of the Auditor of the Commonwealth.

WARREN A. MERRILL,

Assistant Supervisor of Accounts.

STATEMENT OF FUNDS.

PATIENTS' FUND.

Balance on hand, Nov. 30, 1913,	\$4,614 66	
Receipts,	3,536 63	
Interest,	154 71	
	<hr/>	\$8,306 00
Paid to State Board of Insanity,	\$706 61	
Interest paid to State Treasurer,	154 71	
Refunded,	3,356 52	
	<hr/>	4,217 84
		<hr/> <hr/>
		\$4,088 16

Investment.

Worcester County Institution for Savings,	\$2,000 00	
Worcester Five Cents Savings Bank,	1,000 00	
Balance Worcester National Bank,	814 02	
Cash on hand Dec. 1, 1914,	274 14	
	<hr/>	\$4,088 16
		<hr/> <hr/>

LEWIS FUND.

Balance on hand Nov. 30, 1913,	\$1,508 86	
Income,	59 74	
	<hr/>	\$1,568 60
Expended for vault rent,		6 00
		<hr/>
		\$1,562 60
		<hr/> <hr/>

Investment.

American Telephone and Telegraph Company bond,	\$926 36	
Worcester County Institution for Savings,	349 44	
Balance Worcester National Bank,	286 80	
	<hr/>	\$1,562 60
		<hr/> <hr/>

WHEELER FUND.

Balance on hand Nov. 30, 1913,	\$5,356 31	
Income,	287 61	
	<hr/>	\$5,643 92
Expended for books,		82 59
		<hr/>
		\$5,561 33
		<hr/> <hr/>

Investment.

6 shares Worcester National Bank,	\$1,002 00	
American Telephone and Telegraph Company bond,	712 50	
Worcester County Institution for Savings,	1,632 00	
Worcester Five Cents Savings Bank,	1,753 85	
Mechanics Savings Bank,	180 58	
Balance Worcester National Bank,	280 40	
	<hr/>	\$5,561 33
		<hr/>

LAWN FUND.

Balance on hand Nov. 30, 1913,	\$470 96	
Income,	19 00	
	<hr/>	\$489 96
Expended for plants, etc.,	332 62	
	<hr/>	\$157 34
		<hr/>

Investment.

Mechanics Savings Bank,	\$157 34	
	<hr/>	

MANSON FUND.

Balance on hand Nov. 30, 1913,	\$1,636 57	
Income,	66 10	
	<hr/>	\$1,702 67
Expended for entertainments, etc.,	345 75	
	<hr/>	\$1,356 92
		<hr/>

Investment.

Worcester County Institution for Savings,	\$1,356 92	
	<hr/>	

Respectfully submitted,

E. V. SCRIBNER,

Treasurer of the Corporation.

Nov. 30, 1914.

WORCESTER, MASS., Dec. 8, 1914.

I hereby certify that I have this day compared the treasurer's statement of funds for the year ending Nov. 30, 1914, with the books kept at the Worcester State Hospital, and find it correct. I have also inspected the securities representing the investments and find their value is as stated.

GEORGE L. CLARK,

Auditor of Accounts.

STATISTICAL TABLES.

[FORM PRESCRIBED BY STATE BOARD OF INSANITY.]

1. — General Statistics of the Year.

	INSANE.			TEMPORARY CARE.			INEBRIATES.			AGGREGATES.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Patients in the hospital Sept. 30, 1913,												
Viz.: regularly committed,												
emergency,	657	663	1,320	2	-	2	-	-	8	659	671	1,330
voluntary,	656	663	1,319	-	-	-	-	-	8	656	671	1,327
temporary care,	1	-	1	-	-	-	-	-	-	1	-	1
Admitted within the year,												
Viz.: by regular commitment,												
emergency,	407	325	732	2	2	4	13	-	12	416	341	757
voluntary,	321	229	550	-	-	-	-	-	7	321	236	557
temporary care,												
viz.: observation,	1	6	7	-	-	-	-	-	-	-	-	-
others,												
by transfer,	4	14	18	9	4	13	13	-	-	1	6	7
from visit,	6	7	13	4	3	7	6	-	-	4	3	7
from escape,	5	-	5	5	1	6	-	-	-	5	1	6
NNominal admissions for discharge,												
Viz.: from visit,	70	69	139	-	-	-	-	-	1	4	14	18
from escape,	70	69	139	-	-	-	-	-	1	6	8	14
Whole number of cases within the year,												
Discharged,	1,064	988	2,052	11	4	15	-	-	20	1,075	1,012	2,087
as recovered,	347	292	639	9	3	12	-	-	16	356	311	667
as capable of self-support,	162	152	314	9	2	11	-	-	13	171	167	338
as improved,	46	42	88	2	2	4	-	-	2	48	44	92
as not improved,	46	32	78	1	1	2	-	-	2	50	44	94
as not insane,	1	1	2	1	1	2	-	-	-	20	32	52
died,	93	51	144	4	1	5	-	-	-	50	35	85
transferred,	13	30	43	2	2	4	-	-	11	3	12	15
escaped,	10	11	21	-	-	-	-	-	1	93	53	146
on visit Oct. 1, 1914,	69	58	127	-	-	-	-	-	-	10	11	21
NNominal dismissals for commitment,												
	-	-	-	-	-	-	-	-	2	69	60	129

1. — *General Statistics of the Year — Concluded.*

	INSANE.			TEMPORARY CARE.			INEBRIATES.			AGGREGATES.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Patients remaining Sept. 30, 1914.	717	696	1,413	2	1	3	—	4	4	719	701	1,420
Viz.: regularly committed,	717	693	1,410	—	—	—	—	4	4	717	697	1,414
emergency,	—	—	—	—	—	—	—	—	—	—	—	—
voluntary,	—	3	3	—	—	—	—	—	—	—	3	3
temporary care,	—	—	—	—	—	—	—	—	—	—	—	—
supported as State patients,	637	557	1,194	2	1	3	—	—	—	639	562	1,201
as reimbursing patients,	34	58	92	2	1	3	—	4	4	34	58	92
as private patients,	46	81	127	—	—	—	—	—	—	46	81	127
Number of different persons within the year,	991	910	1,901	11	4	15	—	.15	—	1,002	929	1,931
Number of different persons admitted,	336	252	588	9	4	13	—	7	7	345	263	608
Number of different persons dismissed from the community,	321	232	553	9	4	13	—	7	7	330	243	573
Number of different persons dismissed,	277	220	497	9	3	12	—	11	11	286	234	520
Number of different persons dismissed to the community,	264	191	455	9	3	12	—	11	11	273	205	478
Number of different persons recovered,	46	42	88	—	—	—	—	44	44	48	44	92
Number of different persons capable of self-support,	49	43	92	1	1	2	—	2	2	50	44	94
Daily average number of patients,	691.30	687.31	1,378.61	.63	.42	1.05	—	5.68	5.68	691.93	693.41	1,385.34
Viz.: State patients,	604.78	551.40	1,156.18	.63	.42	1.05	—	5.68	5.68	605.41	557.50	1,162.91
reimbursing patients,	39.65	51.39	91.04	—	—	—	—	—	—	39.65	51.39	91.04
private patients,	46.87	84.52	131.39	—	—	—	—	—	—	46.87	84.52	131.39
Whole number of voluntary admissions,	—	—	—	—	—	—	—	—	—	1	6	7
Daily average number of voluntary patients,	—	—	—	—	—	—	—	—	—	.13	2.45	2.58
Whole number of temporary care patients,	—	—	—	—	—	—	—	—	—	43	17	60
Daily average number of temporary care patients,	—	—	—	—	—	—	—	—	—	1.49	.54	2.03

2. — *Insane received on First and Subsequent Commitment.*

NUMBER OF THE COMMITMENT.	CASES COMMITTED.		
	Males.	Females.	Totals.
First to this hospital,	291	203	494
Second to this hospital,	27	15	42
Third to this hospital,	2	9	11
Fourth to this hospital,	1	2	3
Sixth to this hospital,	1	1	2
Seventh to this hospital,	—	1	1
Tenth to this hospital,	—	2	2
Eleventh to this hospital,	—	1	1
Thirteenth to this hospital,	—	1	1
Total cases,	322	235	557
Total persons,	321	232	553
Never before in any hospital for the insane,	261	175	436

3. — *Nativity and Parentage of Insane Persons first admitted to Any Hospital.*

PLACES OF NATIVITY.	MALES.			FEMALES.			TOTALS.		
	Patient.	Father.	Mother.	Patient.	Father.	Mother.	Patient.	Father.	Mother.
Massachusetts,	88	30	37	48	21	16	136	51	53
Other New England States,	23	31	23	19	12	16	42	43	39
Other States,	18	12	11	16	7	10	34	19	21
Total native,	129	73	71	83	40	42	212	113	113
Other countries:—									
Armenia,	1	1	1	—	—	—	1	1	1
Asia Minor,	1	1	1	—	—	—	1	1	1
Austria,	4	4	4	—	—	—	4	4	4
Azores,	—	—	—	1	1	1	1	1	1
Canada,	25	31	35	20	21	20	45	52	55
China,	2	2	2	—	—	—	2	2	2
Egypt,	1	—	—	—	—	—	1	—	—
England,	11	14	12	7	9	6	18	23	18
Finland,	9	9	9	3	3	3	12	12	12
France,	—	1	—	—	—	—	—	1	—
Germany,	1	2	2	1	1	3	2	3	5
Greece,	4	4	4	—	—	—	4	4	4
Ireland,	27	54	54	29	54	51	56	108	105
Italy,	9	9	9	7	8	8	16	17	17
Japan,	1	1	1	—	—	—	1	1	1
Lithuania,	—	—	—	1	1	1	1	1	1
Norway,	2	2	2	1	1	1	3	3	3
Poland,	4	6	4	—	—	—	4	6	4
Portugal,	1	2	1	2	2	2	3	4	3
Russia,	16	16	16	11	11	11	27	27	27
Scotland,	1	4	4	6	9	9	7	13	13
Spain,	—	—	1	—	—	—	—	—	1
Sweden,	6	6	6	3	5	7	9	11	13
Switzerland,	1	1	1	—	—	—	1	1	1
Turkey,	4	5	5	—	—	—	4	5	5
West Indies,	1	1	1	—	—	—	1	1	1
Total foreign,	132	176	175	92	126	123	224	302	298
Unknown,	—	12	15	—	9	10	—	21	25
Totals,	261	261	261	175	175	175	436	436	436

4. — *Residence of Insane Persons admitted from the Community.*

PLACES.	FIRST ADMITTED TO ANY HOSPITAL.			OTHER ADMISSIONS.			TOTALS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Massachusetts (by counties): —									
Berkshire,	—	—	—	—	1	1	—	1	1
Middlesex,	78	47	125	18	13	31	96	60	156
Norfolk,	5	4	9	1	1	2	6	5	11
Suffolk,	61	40	101	15	19	34	76	59	135
Worcester,	117	84	201	26	24	50	143	107	250
Totals,	261	175	436	60	57	117	321	232	553
Cities or large towns (10,000 or over),	221	154	375	43	51	94	264	205	469
Country districts (under 10,000), .	40	21	61	17	6	23	57	27	84

5. — *Civil Condition of Insane Persons first admitted to Any Hospital.*

	Males.	Females.	Totals.
Unmarried,	112	72	184
Married,	107	68	175
Widowed,	33	32	65
Divorced,	5	1	6
Totals,	257	173	430
Unknown,	4	2	6
Totals,	261	175	436

6. — Occupation of Insane Persons first admitted to Any Hospital.

FEMALES.

Book folder,	1	Nurses,	2
Clerks,	3	Operatives,	20
Cooks,	2	Stenographer,	1
Domestics,	32	Student,	1
Dressmakers,	3	Washerwoman,	1
Housekeepers,	12	No occupation,	35
Housewives,	49	Total,	169
Illustrator,	1	Unknown,	6
Interior decorator,	1	Total,	175
Laundresses,	5		

MALES.

Agents,	2	Gardener,	1
Baker,	1	Hack driver,	1
Barber,	1	Hostlers,	3
Brakeman,	1	Janitor,	1
Butchers,	3	Jeweler,	1
Cabinet makers,	2	Journalist,	1
Carpenters,	8	Laborers,	69
Carriage maker,	1	Laundryman,	1
Clerks,	8	Machinists,	12
Conductor,	1	Masons,	2
Cooks,	2	Motorman,	1
Dentist,	1	Operatives,	48
Draftsman,	1	Painters,	9
Engineers,	4	Physician,	1
Farmers,	11	Plasterer,	1
Fireman,	1	Plumber,	1

6. — *Occupation of Insane Persons first admitted to Any Hospital* — Concluded.

MALES — <i>Concluded.</i>			
Polisher,	1	Tailor,	1
Printers,	3	Veterinary surgeon,	1
Railroad mail clerk, . . .	1	Waiters,	7
Restaurant keeper,	1	Watchman,	1
Sailor,	1	No occupation,	24
Singer,	1	Total,	252
Students,	2	Unknown,	9
Teamsters,	6	Total,	261
Teacher,	1		

8. — *Probable Causes of Mental Disease in Persons first admitted to Any Hospital.*

EXCITING CAUSES.	ADMITTED.			PREDISPOSING CAUSES.					
	HEREDITARY TENDENCY.		Totals.	NEUROTIC TENDENCY.		Totals.	ALCOHOLIC TENDENCY.		Totals.
	Males.	Females.		Males.	Females.		Males.	Females.	
<i>Physical.</i>									
Adolescence,	25	5	30	5	3	8	3	3	6
Adolescence and constitutional predisposition,	4	—	4	—	—	—	3	—	3
Alcohol,	46	6	52	1	—	1	10	1	11
Alcohol and other causes,	7	—	7	1	—	1	2	—	2
Arteriosclerosis,	4	7	11	—	—	—	—	3	3
Brain tumor,	1	—	1	—	—	—	—	—	—
Cerebral hemorrhage,	3	2	5	—	—	—	—	1	1
Congenital,	35	13	48	9	1	10	15	3	18
Epilepsy,	1	6	7	—	—	—	—	3	3
Heredity,	19	24	43	19	24	43	12	14	26
Heredity and other causes,	3	2	5	3	2	5	1	1	2
Ill health,	4	4	8	—	—	—	1	1	2
Ill health and other causes,	—	4	4	3	1	4	—	2	2
Involution,	5	8	13	3	—	—	—	—	—
Involution and other causes,	—	1	1	—	—	—	—	—	—
Lead poisoning and uremia,	1	—	1	—	—	—	—	—	—
Morphine and opium,	1	1	2	—	—	—	—	1	1
Overwork,	1	—	1	—	—	—	1	—	1

Puerperium,	—	5	5	—	2	—	1	—	1	—	1	1
Senility,	14	12	26	—	—	—	1	—	1	—	3	3
Senility and arteriosclerosis,	11	10	21	—	1	—	2	—	2	—	1	1
Surgical shock,	1	—	1	—	—	—	—	—	—	—	—	—
Syphilis,	34	10	44	—	—	—	11	—	2	—	10	11
Syphilis and other causes,	1	—	1	—	—	—	—	—	—	—	—	—
Trauma,	3	—	3	—	—	—	—	—	—	—	3	3
<i>Mental.</i>												
Bereavement and other causes,	—	2	2	—	—	—	—	—	—	—	—	—
Change of environment,	1	1	2	1	—	—	—	—	—	—	—	—
Family and financial troubles,	1	3	4	—	—	—	—	—	1	—	—	—
Worry,	8	8	16	—	—	—	1	—	—	—	—	1
Worry and other causes,	1	2	3	—	—	—	1	—	—	—	—	—
Totals,	235	136	371	42	34	76	63	43	106	94	14	108
Unknown,	25	38	63	—	—	—	2	3	5	—	1	1
Not insane,	1	1	2	—	—	—	—	—	—	—	—	—
Totals,	261	175	436	42	34	76	65	46	111	94	15	109

9. — Probable Duration of Mental Disease before Admission.

PREVIOUS DURATION.	FIRST ADMITTED TO ANY HOSPITAL.		
	Males.	Females.	Totals.
Congenital,	19	6	25
Under 1 month,	46	30	76
From 1 to 3 months,	49	37	86
3 to 6 months,	20	14	34
6 to 12 months,	35	9	44
1 to 2 years,	12	20	32
2 to 5 years,	18	23	41
5 to 10 years,	21	15	36
10 to 20 years,	11	11	22
Over 20 years,	—	2	2
Totals,	231	167	398
Unknown,	29	7	36
Not insane,	1	1	2
Totals,	261	175	436
Average known duration (in years), .	4.23	3.57	3.95

10. — *Form of Mental Disease in Patients admitted from the Community, discharged, with Condition on Discharge, or died.*

FORM OF DISEASE.	COMMITTED.			DISCHARGED.												TOTAL DISCHARGES AND DEATHS.						
				RECOVERED.			CAPABLE OF SELF-SUPPORT.			IMPROVED.			NOT IMPROVED.						NOT INSANE.			DEATHS.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
A. — First admitted to any hospital: —																						
Acute hallucinosis,	—	1	1	—	1	1	1	—	1	—	—	—	—	—	—	—	—	—	—	1	1	2
Alcoholic insanity, acute: —																						
Alcoholic depression,	1	—	1	2	—	2	—	1	1	—	—	—	—	—	—	—	—	—	—	2	2	4
Alcoholic hallucinosis,	17	4	21	19	2	21	3	2	5	—	1	1	1	—	—	—	1	—	24	4	28	
Delirium tremens,	2	—	2	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	
Alcoholic insanity, chronic: —																						
Alcoholic deterioration,	4	1	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	
Alcoholic hallucinosis,	2	1	3	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—	2	2	2	
Alcoholic paranoid condition,	6	—	6	—	—	—	4	4	1	2	2	1	1	1	—	—	—	—	1	7	7	
Korsakow's psychosis,	10	1	11	—	—	—	1	1	1	1	1	1	1	1	—	—	—	—	3	4	2	
Cerebrospinal syphilis,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Constitutional inferiority,	8	3	11	—	—	—	3	5	8	—	—	—	—	—	—	—	—	—	—	4	9	
Delirium, acute,	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	2	
Delirium, chronic,	87	56	143	—	—	—	10	16	26	8	16	36	25	11	36	—	—	—	51	43	94	
Dementia præcox,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Dementia præcox, allied to,	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Epileptic insanity,	5	5	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	4	4	
General paralysis of the insane,	33	8	41	—	—	—	1	1	2	—	—	—	2	1	4	5	—	—	18	3	21	
Hysterical insanity,	1	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Imbecility,	12	6	18	—	—	—	1	1	2	1	2	3	2	2	1	3	—	—	—	4	3	
Manic-depressive insanity: —																						
Depressed form,	8	12	20	5	9	14	3	4	7	—	4	4	1	1	2	—	—	—	3	1	4	
Manic form,	8	10	18	4	6	10	2	1	3	—	—	—	—	—	—	—	—	—	6	8	14	
Manic-depressive insanity, allied to,	—	4	4	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	5	5	
Organic dementia,	10	7	17	—	—	—	—	—	—	2	1	2	3	—	3	—	—	—	13	11	24	
Paranoid condition,	1	7	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	3	
Paranoid condition, senile,	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	
Psychoneurosis,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Senile dementia,	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Senile melancholia,	33	28	61	—	—	—	—	—	—	1	2	3	3	3	6	—	—	—	25	14	39	
Toxic insanity, acute: —																						
Delirium,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	
Hallucinosis,	1	1	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	
Traumatic insanity,	2	2	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Unclassified,	2	1	3	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	
Unclassified depression,	5	7	12	1	3	4	—	—	—	1	1	1	1	1	1	—	—	—	2	3	5	
Not insane,	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	6	
Totals,	261	175	436	36	29	65	35	34	69	16	21	37	40	30	70	80	208	155	363			

10. — *Form of Mental Disease in Patients admitted from the Community, discharged, with Condition on Discharge, or died — Concluded.*

FORM OF DISEASE.	COMMITTED.			DISCHARGED.												TOTAL DISCHARGES AND DEATHS.		
				RECOVERED.			CAPABLE OF SELF-SUPPORT.			IMPROVED.			NOT IMPROVED.			NOT INSANE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
B. — Other admissions: —																		
Alcoholic insanity, acute: —				1		1												
Alcoholic depression,				4		4												
Alcoholic hallucinosis,	3	1	4															
Alcoholic insanity, chronic: —																		
Alcoholic deterioration,	2	1	3															
Alcoholic paranoid condition,	2	2	4															
Constitutional inferiority,	3	3	6															
Delirium, acute,	32	17	49															
Dementia, præcox,	2	2	4															
Dementia, præcox, allied to,	2	2	4															
Epileptic insanity,	2	1	3															
General paralysis of the insane,	2	1	3															
Imbecility,	2	1	3															
Manic-depressive insanity: —	1	1	2															
Circular form,																		
Depressed form,	1	1	2															
Manic form,	2	10	12															
Manic-depressive insanity, allied to,	4	11	15															
Organic dementia,	4	1	5															
Paranoid condition,	4	2	6															
Paraphrenia,	1	5	6															
Psychopathic personality,	1	1	2															
Senile dementia,	1	1	2															
Toxic insanity, acute: —	2	1	3															
Delirium,																		
Unclassified depression,																		
Totals,	61	60	121	10	13	23	14	9	23	4	11	15	6	4	10		47	95
Aggregate cases,	322	235	557	46	42	88	49	43	92	20	32	52	46	34	80	1	255	458
Aggregate persons,	321	232	553	46	42	88	49	43	92	20	32	52	46	32	78	1	255	456

11. — Discharges of the Insane, classified by Admission and Result.

NUMBER OF THE ADMISSION.	RECOVERED.			CAPABLE OF SELF-SUPPORT.			IMPROVED.			NOT IMPROVED.			NOT INSANE.			DIED.			AGGREGATES.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
First to this hospital, . . .	39	33	72	43	36	79	19	25	44	45	32	77	1	1	2	88	48	137	235	175	410
Second to this hospital, . .	4	2	6	3	3	6	-	4	4	1	2	3	-	-	-	5	3	9	13	14	27
Third to this hospital, . . .	1	2	3	1	3	4	1	2	3	-	-	-	-	-	-	-	-	-	3	7	10
Fourth to this hospital, . .	1	1	2	2	1	3	-	1	1	-	-	-	-	-	-	-	-	-	3	3	6
Sixth to this hospital, . . .	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Eighth to this hospital, . .	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Ninth to this hospital, . .	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Tenth to this hospital, . .	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2
Total cases, . . .	46	42	88	49	43	92	20	32	52	46	34	80	1	1	2	93	51	144	255	203	458
Total persons, . . .	46	42	88	49	43	92	20	32	52	46	34	80	1	1	2	93	51	144	255	203	458
First admitted to any hospital,	36	29	65	35	34	69	16	21	37	40	30	70	1	1	2	80	40	120	208	155	363

[illegible]

13. — Duration of Mental Disease and its Treatment in Persons who recovered or died.

PERIOD.	FIRST ADMITTED TO ANY HOSPITAL.						ALL OTHER ADMISSIONS.					
	DURATION BEFORE ADMISSION.			HOSPITAL RESIDENCE.			WHOLE DURATION.			WHOLE KNOWN PERIOD OF MENTAL DISEASE.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
A. — Recovered: —												
Under 1 month,	18	10	28	7	4	11	1	1	2	—	—	—
From 1 to 3 months,	6	9	15	13	3	16	11	5	16	1	—	1
3 to 6 months,	5	3	8	10	12	22	4	3	7	2	—	2
6 to 12 months,	2	5	7	4	9	13	12	12	24	2	2	4
1 to 2 years,	—	2	2	—	1	1	2	7	9	3	5	8
2 to 5 years,	—	—	—	2	—	2	1	1	2	2	4	6
5 to 10 years,	1	—	1	—	—	—	1	—	1	1	1	2
10 to 20 years,	—	—	—	—	—	—	—	—	—	—	—	—
Over 20 years,	—	—	—	—	—	—	—	—	—	—	—	—
Totals,	32	29	61	36	29	65	32	29	61	10	12	22
Unknown,	4	—	4	—	—	—	4	—	4	—	1	1
Totals,	36	29	65	36	29	65	36	29	65	10	13	23
Average of known cases (in months),	3.28	3.62	3.44	4.61	5.24	4.90	8.47	8.69	8.59	26.72	34.39	31.23
										17.10	27.17	22.79

THIRTY-SEVENTH ANNUAL REPORT

OF THE

WORCESTER STATE ASYLUM

AT

WORCESTER,

FOR THE

YEAR ENDING NOVEMBER 30, 1914.

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OFFICERS OF THE ASYLUM.

TRUSTEES.

ELLEN A. SHEEHAN,	WORCESTER.
GEORGIE A. BACON,	WORCESTER.
TIMOTHY J. FOLEY,	.	.	.	.	.	.	.	.	.	.	WORCESTER.

RESIDENT OFFICERS.

H. LOUIS STICK, M.D.,	.	.	.	<i>Superintendent and Treasurer.</i>
HIRAM L. HORSMAN, M.D.,	.	.	.	<i>Assistant Physician.</i>
ARTHUR E. PATTRELL, M.D.,	.	.	.	<i>Assistant Physician.</i>
DONALD R. GILFILLAN, M.D.,	.	.	.	<i>Assistant Physician.</i>
GEORGE K. BUTTERFIELD, M.D.,	.	.	.	<i>Assistant Physician.</i>
MARY JOHNSON, M.D.,	.	.	.	<i>Assistant Physician.</i>
MINNIE SCHRIBER,	.	.	.	<i>Matron.</i>

NONRESIDENT OFFICERS.

GEORGE L. CLARK,	.	.	.	.	<i>Examiner.</i>
SUSIE G. WARREN,	.	.	.	.	<i>Clerk.</i>
FREDERICK H. BAKER, M.D.,	.	.	.	.	<i>Pathologist.</i>
FOREST A. SLATER,	<i>Engineer.</i>

CONSULTING SURGEON.

LEMUEL F. WOODWARD, M.D.,	WORCESTER.
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JOHN McRAE,	<i>Business Assistant.</i>
THOMAS O. LONG,	<i>Colony Supervisor.</i>
ROBERT S. SAWYER,	<i>Practical Farmer.</i>

The Commonwealth of Massachusetts.

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

The trustees of the Worcester State Hospital, having in charge the Worcester State Asylum and its Grafton colony, herewith present their thirty-seventh annual report, and, for a detailed statement concerning the patients, employees, farming and building operations, and other activities incident to the life of the institution, as well as its immediate needs, would respectfully call your attention to the appended reports of the superintendent and treasurer.

The year ending Nov. 30, 1914, has witnessed the completion of various things authorized by the Legislature of 1912, 1913 and 1914, namely, two dormitories for 50 patients each; a male nurses' home; a female nurses' home at colony No. 2; a service and dormitory building at the same colony, made possible by addition to and alterations in the original dormitory; the setting of three boilers (one at the central heating plant, the others in the boiler house at colony No. 3); the installation of an additional motor generator; the construction of a reservoir with a storage capacity of at least 2,000,000 gallons; and an appreciable addition to the sewage filtration system.

In addition to the above, a service building at the Oaks, a building of the custodial type at the Elms, to provide for 100 male patients, and one at the Pines group for 100 female patients, also an infirmary building at the Elms, have been completed. The administration building, two dormitories (one for 50 male and the other for 50 female patients), the carpenter shop, and a cottage for employees are well under way. All of these were authorized as a result of the legislative act of 1912

for the removal of the asylum to Grafton, and for which an appropriation of \$400,000 was granted.

As the number of patients under treatment annually has increased from 1,194 in 1910 to 1,511 in 1914, and as the State Board of Insanity has given the number to be cared for in 1915 as 1,575, the trustees are perplexed and troubled regarding adequate accommodations.

The appropriation granted for the removal of the asylum will provide for the housing of only 400 patients. The number at the present time at the asylum is 627, at the colony, 773. The older custodial buildings at the colony are already overcrowded, the service building at the Pines has reached its utmost limit, and the failure to secure a sufficient appropriation to erect a service building at the Elms has made conditions there almost intolerable. Until these conditions can be remedied and other buildings necessary for the care, treatment and diversion of the patients can be erected, it seems neither wise nor possible to comply with the provisions of the removal act. The Legislature of 1914 granted an extension of time, and a further extension will be necessary.

Before the new custodial and infirmary buildings can be opened three things are imperative: —

1. An extension of the heating and hot-water system. For this we ask an appropriation of \$5,000.

2. The erection of a service building at the Elms. The Legislature of 1913 granted an appropriation of \$48,000 for this purpose. This was based upon the estimate of a reputable contractor, but fell short of the actual figures submitted by the lowest bidder. Last year the trustees asked for an additional appropriation of \$14,000, the sum necessary to build in accordance with the plans approved by the State Board of Insanity. We renew this request for an appropriation of \$14,000.

3. The enlargement of the service building at the Pines. This building now provides for the preparation and serving of food to 322 patients and 57 employees. To secure the necessary additional space, we renew our request of last year for an appropriation of \$20,000.

With each increase in the number of patients, with the opening of new buildings, and with the extension of farming opera-

tions comes a corresponding increase in the number of employees. To provide for this increase and to furnish accommodations that will counteract the lure of the city and make for the most wholesome living, we renew our request of last year for an appropriation of \$16,000 to build two cottages for employees. We also ask for an appropriation of \$20,000 to construct four cottages of the bungalow type, these to be occupied by single families.

Ever since the inception of the colony the trustees have been eager to own what is known as the Sinclair farm. Two years ago they secured an option on it, and requested an appropriation for its purchase. This request was renewed last year, but not granted. The condition of the old barn at colony No. 1 is a disgrace to the State; patched, propped, it is unsafe for man or beast, and further expenditure for its renovation would, in our opinion, be unwarranted. The purchase of the Sinclair farm would relieve this situation, and, with slight changes, provide not only a horse barn but accommodations for 20 to 25 employees. The land would make available considerable acreage for farming purposes. We therefore ask for the third time for an appropriation of \$10,000 to purchase and alter this property.

With the present accommodations it is impossible to house and care for all our stock properly and to provide for a larger herd, which must be maintained if the institution is to produce the necessary amount of milk. We therefore renew our request of the past two years for an appropriation of \$9,000 to build a cow barn.

To provide for the care and distribution of the quantity of supplies necessary to maintain the larger institution, the storehouse at the colony, which was built by means of an appropriation granted by the Legislature of 1911, will be altogether too small. At the time of its construction it was so arranged that a refrigerating system could be installed later on. That system is much needed at the present time. To enlarge the present structure and equip it for cold-storage purposes, we ask for an appropriation of \$47,500.

Hydrotherapy has proved an effective agent in the treatment of insanity. At three different times the trustees have asked

for an appropriation to provide the means for such treatment at the colony. Again we renew the request and ask for the sum of \$5000 to install a hydiatric outfit in the new infirmary.

To minister to the spiritual needs and to relieve the tedium of confinement and exacting occupation, the institution must provide religious services, educational opportunities and varied entertainment. The only available place at the colony for this purpose is a day space in one of the custodial buildings. This location is inconvenient, its use is a disturbing factor to many of the inmates of this particular building, and its capacity is much too small even now. To provide adequate accommodations for present and future needs, we renew our request of last year and ask for an appropriation of \$75,000.

The appropriation requested last year for further extension of the sewage filtration plant was only granted in part, therefore we ask for \$6,000 this coming year that we may more easily approach the amount of filtration deemed necessary by the State Board of Health.

Last year an appropriation for fireproofing certain rooms in the administration building, now in process of construction, was not granted. The building itself being fireproof, it seems best to postpone a renewal of this request.

Certain minor repairs are much needed at the asylum proper, but no special appropriation is asked for at this time.

During the year the trustees have met with a real misfortune in the resignation of a majority of their members. The interest, the zeal, the knowledge of past conditions and the realization of future needs which they brought to their work have made their places difficult to fill.

Another resignation, which the trustees accepted with regret, was that of Miss Abbie S. Fay, who, on account of ill health, has retired to private life after thirty-one years of conscientious, devoted service as matron of the institution.

The faithfulness with which the superintendent, the members of the staff and the employees have performed their several duties merits our appreciation and thanks.

In closing, we again express our regret at the large number of custodial and terminal cases that are committed to our care.

We renew our belief that a change in the nature of the institution should be made, — that it should become a reception hospital.

We register, for the first time, our protest against the abandonment of the asylum buildings.

The cry of the times is economy in city, State and national government; the burdens of taxation are becoming greater each succeeding year; a reverence for the past and the preservation of historic sites are being considered more and more; and the prevention of disease, even more than its cure, is the aim of the medical profession.

The asylum, through the dignity of its construction, is a tribute to the architectural development of the past. The first institution maintained by the State for the care of the insane, it is of more than passing worth; its destruction will lessen the available accommodations for the mentally sick and be a loss to the State of hundreds of thousands of dollars. Its location is ideal for a much needed psychopathic hospital in this vicinity. It is our desire that it be retained.

Respectfully submitted,

ELLEN A. SHEEHAN.
GEORGIE A. BACON.
TIMOTHY J. FOLEY.

SUPERINTENDENT'S REPORT.

To the Trustees of the Worcester State Hospital, acting for the Worcester State Asylum.

In obedience to the laws of the Commonwealth, I have the honor to submit to you for your consideration the thirty-seventh annual report of the Worcester State Asylum and its colony.

On Oct. 1, 1913, 1,330 persons were inmates of this institution, — 618 men and 712 women. During the year there were admitted 181 cases, — 100 men and 81 women, — making a grand total of 1,511 cases under treatment for the year, — 718 men and 793 women. Of this number, 12 men and 9 women were transferred to boarding out or to other institutions; during the year 36 patients were allowed home on visit, — of this number 11 were discharged from visit, 16 were returned for institution care, and on Sept. 30, 1914, 8 patients, — 4 men and 4 women, — were still on visit; 40 men and 36 women died.

On Sept. 30, 1914, there remained in the institution 648 men and 737 women, — 1,385 persons, — which is 55 more than the previous year. The total number leaving the institution by death, transfer and discharge was 113, 29 more than last year. Three men and 1 woman were discharged as recovered; 5 men and 3 women as capable of self-support; 2 men and 2 women as improved; and 2 men and 3 women as not improved, though able to be cared for in homes outside of an institution.

Of the different cases admitted, primary dementia, as last year, stands first, alcoholism, second, chronic delusional insanity, imbecility, general paresis, manic-depressive insanity, senile dementia, epilepsy, constitutional inferiority, chronic dementia, arteriosclerosis, defective delinquent, puerperal insanity and idiot, in the order named.

We received 181 admissions during the year, which is 88 less

than last year. A larger number of boarding-out cases were received than the year before, but the largest number of admissions was by transfer from other institutions.

The average age of all cases admitted this year was a little higher than last year. A smaller number of imbeciles and constitutional inferior cases, and but one idiot, were admitted. The patients admitted during the year were even more turbulent, destructive and violent than last year. Among those admitted were three badly homicidal and a large number of suicidal cases, which makes it still more difficult to care for them properly with the small number of attendants and nurses at hand.

Figured on the whole number of patients treated, the death rate was 4.99 per cent., or .37 per cent. higher than last year; while figured on the daily average number of patients, the death rate is 5.49 per cent., which is .18 per cent. higher than last year. Tuberculosis was the cause of the largest number of deaths, there being 15 cases this year against 11 of last year, acute enteritis was second, cardiorenal third, valvular heart disease and cerebral hemorrhage were equal in number, and pneumonia takes fifth place instead of second as last year.

The asylum population Nov. 30, 1914, consists of 1,400 cases with the following analysis:—

	Cases.
Chronic alcoholic insanity,	160
Chronic delusional insanity,	272
Primary dementia,	489
Primary delusional insanity,	5
Senile dementia,	28
Epilepsy,	111
Manic-depressive insanity,	64
General paresis (dementia paralytica),	16
Imbecile (different grades),	188
Constitutional inferiority,	38
Constitutional psychopathic,	1
Defective delinquent,	1
Idiot,	5
Involution melancholia,	11
Puerperal insanity,	3
Organic dementia,	2
Arteriosclerotic insanity,	3
Syphilitic insanity,	3

The hospital residence of the above cases ranges from forty-seven years to less than one year. We have a number of cases which were here when the asylum became an institution for the temporary care of the insane in 1877.

During the early part of the year we had two sporadic cases of typhoid fever, one at the asylum and one at the colony. The patient at the asylum died as a result. As a matter of precaution, 27 nurses were treated with typhoid vaccine. During the past four years 174 cases have been treated.

At the asylum during the months of July, August and September, we had 6 cases of erysipelas, with no fatal results. At the colony we had 1 case of German measles during the month of July.

On March 1 a nurse at the asylum developed a severe attack of diphtheria. She was immediately isolated, and several thousand units of diphtheria antitoxin were given when she was sent to the Worcester Isolation Hospital, where she gradually improved. She apparently was convalescing when she developed a paralysis the third week of April, and died on the 23d. The usual precaution was taken and 14 nurses who had come in immediate contact with the nurse were given antitoxin treatment.

We had from 40 to 50 sporadic cases of tonsillitis, both mild and severe. These cases were entirely among the attendants and nurses, and seemed to have developed soon after they came to the institution.

In July, 4 night nurses of the female custodial group developed a severe attack of dysentery. Three of them were in a critical condition for about five weeks, but all made a gradual recovery when they were sent elsewhere for recuperation. They have since returned to their different duties. Soon after this we had a number of cases develop in July, August and September among the patients. There were 13 on the female side and about 40 on the male side in the Elms group. Five deaths resulted from this disease. An attendant contracted the disease during the latter part of September. He became critically ill, it being necessary to have him under constant observation for more than two weeks, during which time he developed an articular infection of both knees and ankles.

He is now recuperating, but is unable to resume his duties. The blood and dejecta of nurses and attendants were examined several times to demonstrate the typhoid or paratyphoid germ, but the cultures proved it to be the dysentery germ instead. This infection was first noticed among the nurses and attendants rather than among the patients, which would almost demonstrate the fact that it was originated outside of the colony. The epidemic we had last year developed during the latter part of May and the early part of June, while this year no evidence was noted until the latter part of July. We had no cases at the asylum.

A case of pellagra was discovered on the female wards at the asylum last July. The patient rapidly grew worse and was confined to her bed until relieved by death three months later. She was a native of Ireland and came to the United States in 1875. She was admitted to the Worcester State Hospital the first time in 1893 for acute alcoholism, and a few weeks later was discharged. In 1895 she was again committed, when her hospital residence became permanent. She came to the asylum in 1902. A marked mental change had been noticed for the past fourteen months. From a garrulous, semi-violent person she became quiet, tractable and agreeable, though her grandiose delusions always remained. In 1909 she weighed 145 pounds, and this gradually diminished until just previous to her death her weight was but 89 pounds. The left upper lobe was infected presumably with tuberculosis. The Wassermann blood test was negative.

Wassermann blood tests were made of the different patients of the institution to the number of 1,355. One thousand one hundred and eighty specimens were negative, 105 positive and 70 doubtful. A spinal puncture was made in most of the positive cases to determine the cellular count of the spinal fluid. This examination has cleared up doubt as to the cause of the psychosis in some cases. The number of positive cases among the imbecile and epileptic class was much smaller than had at first been anticipated. The whole number of positive cases is low, but 75 per cent. more prevalent among the male than the female. Of the positive cases, 16 have been diagnosed as cases of dementia paralytica. A complete analysis of these 1,355

cases, as to age, sex, habits, residence (rural or urban), occupation and mental psychosis, will be published later.

I again strongly urge that the custom of transferring patients from the hospitals to the asylum should be discontinued. The Medfield Asylum has been made a reception hospital. This asylum should not only be made an institution for acute cases but it should be made into a psychopathic hospital. Worcester is the logical place for the second or central district, where the acute cases can be brought and cared for, and where the general public can receive advice and treatment at all times. I most strongly urge that the Legislature be petitioned to create a law to this effect. The asylum was used for an acute hospital for forty-five years. It has many features that are not duplicated in any of the more recently built hospitals.

The reduction of violence on the wards at the asylum and colony can only be accomplished by a larger nursing force and classification of cases into smaller units. I would again strongly urge smaller units for not more than 20 to 25 patients. These could be erected in our custodial groups, and would relieve the larger wards from violence, turbulence and acute excitements.

Out-of-door work at the colony has been carried on more extensively than in former years. More patients have been working,—about 55 per cent. of the men and about 15 per cent. of the women. They have done more and better work than in previous years. This greatly benefits the patient as well as the institution. The many ward disturbances are more easily and effectively reduced by the open-air agrarian occupations.

The work done in our garden was more effective this year than ever, more patients and nurses took part in the outdoor occupations, and more have spent all of their time in the open air. The garden area was enlarged; the individual plots were more intensively cared for; the crops were larger and more prolific. The vegetables were used by the patients and nurses, who took much pride in preparing the same for their own use or for others who were less fortunate than themselves. We shall make strenuous efforts to double our acreage and the number of patients taking part in this open-air occupation the coming year. A large per cent. of these patients was transferred from our out-of-door crew.

A much larger number of male patients has been working out-of-doors this year than last. The wheelbarrow and grading crews were enlarged, but the number immediately occupied in actual farming was not increased because of the type of these patients. Much grading has been done in the Willows, Oaks and Elms groups. The number of transfers of closed ward patients to the Oaks has been larger. The reservoir has been wholly excavated, and the ice pond at the Willows enlarged.

The industrial work has been progressing under the instruction of our new industrial teacher, who has introduced many new ideas and ways of occupation for the indolent ward patients. The nurses, as well as the patients, receive instruction. The nurse is taught in class, and the knowledge thus obtained is used in encouraging the patients to do something whereby their minds may be occupied in useful ways. This has resulted in a larger number of patients assisting with the mending and in making new clothing, all of which greatly reduces the large amount of work done in the sewing rooms.

In September we had an exhibit at the Worcester County Fair of work done in the industrial departments. The general public was invited to see how the patients' time is occupied, and what the institution is doing in general for their care.

The industrial work on the male wards has been more diversified and much more has been accomplished, so that at present all of our brooms, baskets, rope mats and most of our brushes are of our own manufacture. Most of the chairs, which in previous years were repaired in the carpenter shop, are now looked after in the industrial shops at the asylum and colony. All chair caning is done here, and all straw and hair mattresses, all pillows, and many other articles valuable to the institution are made. In the cobbler shop 165 pairs of shoes and slippers were made and about 1,800 pairs were repaired; 123 harnesses were repaired and many other small repairs were made. This form of labor has been of assistance in reducing ward disturbance, destructiveness and violence.

More than 20 acres of land have been redeemed during the past two years, and about 5 added to the farm for tillage. The farm has become more productive, and more intensive farming has been accomplished. Our apple crop was very large and our vegetables almost double.

The social work of the institution was conducted by the female assistant physician of the staff. About the same number of families were visited, and all homes were visited before patients were allowed to go home for a visit or before their discharge. The number of patients sent out on visit has been the largest in the history of the institution. There is no doubt but what the visits of the social worker have produced a better feeling among the public, relatives and friends.

The rotation of employees has been about 2.7 times, which is less than last year. The stability seems better, and the type of nurses and attendants seems a little higher. The male nurses' home at the colony has been opened, and this, with the opening of the female nurses' home, has made it more pleasant and agreeable for the employees by getting them away from the wards after their hours of duty.

Our training school for nurses was established eleven years ago. To date we have had 71 graduates, 20 of whom are still in our employ. The course of study covers a period of two years with a probation period of three months, after which the candidate, if satisfactory, is required to wear the standard uniform of the school. At the end of the two years' course those who successfully pass the final examinations are given a diploma. The nurse must then take a post-graduate course of from six to twelve months in a general hospital with which we are affiliated. At present one of our graduates, who has taken a year's course at the Boston City Hospital, is at the Boston Lying-in Hospital, and two are at the Burbank General Hospital at Fitchburg. All nurses are compelled to take the training, and must give satisfactory evidence that they will remain the full two years. More studies have been added, and the lectures and demonstrations are more varied; a course in dietetics has been prepared by Miss Schriber, our matron; a course in industrial occupation will be given by our industrial instructor; and a course in surgical technique by our visiting surgeon. A course of 12 lectures has been added for the male nurses which is obligatory, so that all nurses and attendants who come in contact with the patients receive instruction. All nurses are required to do a certain amount of collateral reading, which it is hoped will help to broaden their general

knowledge. We also have a number of attendants taking the regular course of training with the nurses.

A kindly and sympathetic spirit on the part of the public will help very materially to raise the general standard of our nursing force. A slight increase in compensation may help, but environment with a higher standard of requirements is of the greatest importance.

An out-patient department was opened at the asylum October 9 for Friday evening of each week from 7 to 9 o'clock; also, since November 16 on Friday from 2 to 4 P.M.

We tested our herd twice during the year, once in April and again in October, for tuberculosis. We had one reaction in the spring and two this fall. The one reacting in the spring was killed, the other two will be observed for a few months longer, after which time a third test will be made. Last spring four of the young stock reacted. As in previous years these were turned loose in the open pasture in April and allowed to remain there until October, when they were brought in and a second test made with negative results. Of the five calves that reacted in the spring of 1913, all gave a negative reaction to both tests made this year. Our herd is much improved. The average production of milk per cow for the year has been 8,358.5 pounds, which is about 78.02 pounds higher than the previous year. Eight of the cows had their first calf this year. We have disposed of all cows giving less than 4,000 pounds per year. We have 20 thoroughbred cows, 28 heifers and 5 bulls, so that in the course of a few more years our herd will consist of only registered stock. I think much of this improvement in our herd is due to the constant attention in the care and feeding of them by those now in charge of this department.

We have made many improvements at the colony, but little repairing has been done at the asylum.

The addition to the portico of the colony No. 1 dormitory has been completed. The cow barn at colony No. 1 again had to be reshored and propped up on the north side and east end to keep it from falling to pieces. This is a constant source of expense and anxiety, which can only be obviated by replacing it with a new structure. Several small sheds were built in

which the gardener keeps his tools and vegetables. The wagon shed is being enlarged for the automobile truck. Colony No. 1 has been connected with the new heating lines, the old one being discontinued. The old line leading from Maple cottage to dormitory 1 has to be replaced.

At the Oaks the hen house is being enlarged. Twelve new hen pens for about a dozen chickens have been built.

The two-colony type dormitories of 1912 have been completed and are now occupied. The male nurses' home has been completed and occupied since August. The matron's cottage will soon be finished. The infirmary and 100 men's building have been completed since October, but as we have no central dining room these buildings could not be occupied because of lack of dining space. No appropriation for heating these two buildings was granted last year, so that local plants were established within the buildings to protect them from the elements.

The new administration building is nearing completion.

The new dining room and service building at the Willows is about completed and has been partly occupied since November 24, when the patients were moved from the old farmhouse preparatory to eating their Thanksgiving dinner in the new home.

The new female nurses' home has been completed and will soon be heated, when it will be partly occupied.

The Cedars or 100 women's building has been finished, but is not occupied because of inadequate dining space. An addition to the service building in this group will be absolutely necessary before this building can be occupied.

The addition to the old boiler house has been finished and occupied since the early part of May. The carpenter shop is rapidly nearing completion. The service building at the Oaks is completed except for the floors in the dining rooms, scullery and kitchen, which are rapidly being put in. The new boiler house is completed, and the two new boilers of 1912 and 1913 have been purchased and installed.

The two dormitories of 1913 at the Willows and the Oaks are under roof, lathed and ready for plastering in the spring.

The reservoir, which is connected by an 8-inch pipe with the

main water system, has been completed and is now in use. This will give us a storage capacity of about 2,000,000 gallons, and ample fire protection for all of the buildings at the colony.

The new motor generator has been placed and in use since May. We are now able to take care of any emergency which is liable to occur, for a long time to come.

The entire group at the Willows is being heated from the central boiler plant. The whole system has been fully installed, the hot-water heater and storage tank changed, and a new pump placed to circulate and feed the four boilers now in use.

The filter beds, for which an appropriation was granted in 1913, have been completed and are in use. The three new beds authorized in June of this year are rapidly being constructed. When these beds are finished we shall have about four-fifths the amount of filtration surface recommended by the State Board of Health.

No special appropriation will be asked for the asylum this year, excepting for maintenance.

Most of the appropriations I recommend to your Board are made necessary by the failure of the Legislature to grant the same last year, so that we shall not only be compelled to ask for the same appropriations, but the amounts in several instances will be considerably larger. These appropriations are most urgent and very necessary.

I have recommended the purchase of the Sinclair farm and buildings for the past two years, and feel that the need of this place is more imperative to us than ever. As stated in my report last year, the horses and cows at colony No. 1 are poorly housed and should be properly cared for in up-to-date buildings, if not to uphold the dignity of the State, for the general welfare and hygienic improvement of these animals. The old barn is now being propped up and shored to keep our animals from being injured. I feel that the money which has been expended on these buildings has been, in a sense, wasted. The farm with its different buildings can be purchased for \$10,000. The house will give the same accommodations as two of our present employees' cottages, which cost us about \$14,000. The barn will give us accommodations to care for our horses, now poorly housed. This farm of 83 acres of good land will produce more

than \$3,000 worth of hay and other products the first year. By purchasing this property, I feel that the State would make one of the very best investments and procure more adequate accommodations for our employees and horses, while the farm will give us the proper location for a new cow barn which is most urgent. I would recommend that \$10,000 to purchase this farm and buildings be asked for by your Board.

I would suggest four bungalows this year instead of two, the number asked for last year, these to care for single families, which will make homes for employees who have families and who cannot, at present, live at the colony because we are not so situated that we can give them this accommodation which, as you well know, will mean more stability and efficiency with our help. At present such employees are compelled to live in North Grafton or Westborough, and I believe that if they could remain nearer the institution, we would be better served and it would tend to lessen the yearly routine of help. The sum of \$20,000 will be necessary to build, heat, light and partly furnish the same. I recommend that your Board petition the Legislature for the above sum.

We are in need of two employees' cottages of the same type as we have been building and of the same size as the matron's cottage located in the administration group. Both of these buildings are needed for the employees necessary to care for the farm, gardens and grounds, and the night watches of these different groups. The sum of \$16,000 will be necessary for the erection, heating, lighting and furnishing of the same, which sum I would recommend your Board to ask for this coming year.

The colony has no central place of gathering, no recreation hall, no place of amusement and no chapel for religious services. A chapel and recreation hall should be so located that it will be in about the center of the colony geographically, as well as the center of the different groups of buildings, especially the custodial groups. If the colony is to be developed to a capacity of 1,600 cases by Jan. 1, 1916, and to 2,000 later, this building should accommodate at least 1,200 to 1,400 persons. This building should be of fireproof construction and so arranged as to have services and entertainments in the main auditorium. The basement or ground floor should be so ar-

ranged as to care for special classes in calisthenics for patients, attendants and nurses, as well as classes of all kinds for the patients. It would also be used for the social gatherings of the attendants, nurses and other employees. All entertainments for the patients, weekly dances and other gatherings are now held in the day spaces of the Birches or Pines, making it necessary to remove the patients to another part of the building, causing congestion, or to another building, which causes much disturbance among the excitable and turbulent patients. The patients who sleep in the dormitory part of the building above these day spaces must necessarily be disturbed. Should we fail to receive the appropriation for this building, our class graduations and entertainments for the patients or employees must of a necessity take place in the already overcrowded buildings. It has been estimated that for the erection of the same, heating, lighting, plumbing and grading, a sum of \$75,000 will be necessary. I would recommend that your Board petition the Legislature for this amount.

Extension of our Heating and Hot-water System. — This extension of the heating and hot-water system is to connect fully the new buildings now completed at our colony No. 1 and the Elms, the new administration group, the new service building, infirmary, 100 men's building and dormitory at the Oaks. All of these buildings are erected and completed, but, as an appropriation for this extension was not granted last year, they must of a necessity stand without heat this winter or a temporary local heating plant must be erected to prevent deterioration from the elements. The heating capacity of colony No. 3, or the Oaks, is overtaxed at present, and you may readily see that the new dining room and service building and the new dormitory now under roof and about to be plastered cannot be heated with the present equipment. Two new boilers have been purchased and are now fully installed in the new heating plant of this group, yet we have no way of transmitting the heat to and from the boiler house to the other buildings. It has been estimated that to purchase all the material, dig the trenches, lay the pipes and cover the same, the sum of \$5,000 will be necessary, for which sum I recommend that your Board ask the pending Legislature.

We are in greater need of a cow barn this year than at any time, because of the increased size of our herd necessary to produce the required amount of milk, and because of the extremely dilapidated condition of the present barn. During the last two summers the underpinning gave way several times, so that we have been compelled to remove some of the horses and place them in a shed or part of the horse shed used for storing grains and feed. At one time this past summer the south side of the floor dropped over 14 inches. This had to be jacked up and underpinning put in. We must do the same thing again because of the poor, decayed condition of the girders and old underpinning. It is indeed unsafe to keep cattle in such a structure. We were compelled to prop two sides of the building to keep it from spreading any more by heavy bulging. The roof had to be repaired in order to keep the cattle and hay dry. To date we have spent a little over \$1,300, which amount should have gone towards the erection of a new barn. A new and modern barn must be erected, and should be located at a much greater distance from the present dormitories, kitchen and administration center. The size of the building should be such as to take care of at least 65 to 70 cows. The type and construction would be similar to the one at the Oaks, with the exception that it would have the modern improvements. The milk room should be large and farther away from the main structure. A basement should be located in the main part of the barn to take care of the manure, or a manure shed should be erected some distance away. There should be a basement under the milk room where a furnace can be maintained to heat this part of the building and to supply the hot water necessary. This building should be located on the Sinclair farm. I therefore recommend that your Board ask the Legislature for the sum of \$9,000 to erect and equip this barn according to the plans and specifications used in the erection of the cow barn at the Oaks, built in 1906, but to accommodate 65 instead of 50 cattle.

Storehouse and Cold Storage. — The storehouse at the colony, which is to be used for our cold storage, has been erected for three years, but on account of the removal scheme, it will be absolutely necessary to have a larger building for this purpose by Jan. 1, 1916. To care for all the material necessary at the

present time and allow for an increase in our stock, the present building will need to be enlarged by at least 75 feet, 50 feet to be added to the west end towards the railroad and 25 feet to the east end. The west end will be used for general storage purposes, while most of the old part and the east end will be occupied by the cold-storage outfit, rooms to keep meat, eggs, butter and cheese, fowl, fish, apples, other fruits, and vegetables. The first floor will be used for the storage of flour, sugar, beans, dried fruits and other bulky material, such as molasses, syrup, salt, oils of all kinds, heavy hardware and supplies for the farm, and garden implements. I therefore would recommend your Board to ask for an appropriation of \$47,500 to erect this addition, purchase and install machinery and insulate the different rooms.

Our filter beds are now more than overtaxed. At present we are filtering but one-half of our sewage on the old beds. When our present filter beds are completed and connected with the old beds, we will have sufficient filter surface to care for most of the sewage, but will not be able to give these beds the rest necessary to good filtering. At present our colony No. 1 is surface-drained, — not a single new building has been added. When these beds are finally completed, we have been advised by the State Board of Health to discontinue the field drainage. The sewage from our power house and laundry building, cold storage and carpenter shop is taken care of by the Assabet valley beds. These beds are also to be discontinued and the sewage is to be put into the new beds. To do this it will be necessary to pump the same, which will require the erection of a pumping station. However, we shall have to put in one or two more beds. To build these new beds will require about \$8,000, but as we will have to connect all the new buildings with the present system and finish the grading of our old beds, it has been estimated that to build the beds, purchase and place the pipe, a sum of from \$16,000 to \$20,000 will be necessary. However, I feel that it would be better to connect the new buildings and rearrange the old sewage pipes this year and make the other extension of beds next year. I therefore recommend that your Board ask for a sum of \$6,000, the amount necessary to do this work.

Two years ago we asked for an appropriation to build, fur-

nish and complete a new service building, with a dormitory, in the Elms group. This request was granted, and the sum asked for was appropriated by the Legislature of 1913. When the building was put on the market, it was found that among the number of different contractors the lowest bid was about \$8,000 higher than the estimate made for this building, namely, \$48,000. The estimate was made by a local contractor who made a mistake in his figures, which was the real cause. Had we been able to build two years ago, an amount of \$7,500 would have been sufficient to complete the same, but as this was not sanctioned by the Commission on Economy and Efficiency, the same was not granted. It has been estimated that to erect this building an additional sum of \$14,000 will be necessary. This building is absolutely necessary before we can open two of the new buildings, the infirmary and 100 men's building, now finished. It is also most essential before the asylum population can be moved to the colony. I therefore recommend that your Board ask the Legislature for \$14,000 in addition to erect, fully equip and furnish this building.

We should have a new hydropathic outfit for this institution. The same should be installed in our new infirmary building now completed, in order that we may care for our patients by more scientific and up-to-date methods. At present we have no facilities for caring for our patients who should have continuous tub, spray or shower baths, or any of the hydropathic measures necessary for so many mental and nervous cases. This apparatus, with the arrangement of the same, together with the preparation of the room in the basement of the new infirmary building, will require a sum of \$5,000, for which I recommend that your Board ask the coming Legislature.

I would again renew the request for an addition to our present service building at the Pines group. When the building was erected in 1910, it was to care for 400 patients, and at that time we had less than 300. The kitchen, scullery and storerooms were considered small at that time. The new building for 100 women, the Cedars, is now completed, but we cannot occupy this structure until we have a place to feed the patients. It is very necessary to secure other space for this purpose, and this can only be done by making an addition to

the present kitchen department. This space can be obtained by extending the kitchen department 24 feet, which will necessitate the rearrangement of the cold-storage room, the pantries and scullery facilities, this to be on the ground floor. The second story is to be used for a nurses' and employees' dining room. This same appropriation was asked for last year and passed upon by the State Board of Insanity. A sum of \$20,000 has been estimated as necessary to erect this addition. I therefore recommend that your Board ask the Legislature for the above sum to erect and complete this new addition.

Miss Abbie S. Fay, who was matron of the asylum since 1893 and previous to this was assistant matron at the Worcester State Hospital for over ten years, resigned in October. Through her resignation I consider that the State has lost one of the most faithful, energetic and industrious servants. The success of the institution was her constant thought. Miss Minnie Schriber has been secured to fill this vacancy.

Dr. Effie A. Stevenson resigned in August to take up work in an acute private institution in Connecticut. Dr. Mary Johnson has been secured to fill this vacancy. Miss Alice L. Lake, superintendent of nurses, resigned in June and since has taken a position in an acute hospital in Detroit, Mich. Miss Elsie C. Hartshorne has been secured as our industrial instructor.

Regular monthly staff meetings have been held throughout the year at which meetings a paper is presented by a member. Numerous conferences have been held, and all patients who are candidates for discharge or for trial visit are discussed in staff meetings. At this time the patient is examined, and the fitness of his or her condition is determined as well as the home surroundings, a report of which has previously been made by the social worker.

I recommend that another physician be secured to take charge of the dispensary and laboratory work, which latter work should become more acute than it has been. He would also relieve on the wards when necessity demanded it.

I would also recommend a second female physician, who would devote her whole time to the social service problem and eugenics. Because of her medical knowledge she should be

able to investigate homes and draw conclusions from a medical and mental point of view in a better way than the lay mind or the nonmedical social service worker. She can also be called upon to assist with a certain amount of medical work as well.

During the year the regular weekly dances at the asylum and colony have been held, monthly entertainments have been given by local talent both here and at the colony, and a regular monthly entertainment has been given by outside talent. Such entertainments have been arranged for the coming year as well.

The work this year has been carried on by the industrial instructor. Several trips were made by the patients to the colony to pick berries. These outings, though perhaps not profitable, were very popular, as they usually meant an automobile ride. The regular field day on July 4 was the most successful of any we have had. A corn roast, which was a real success, was given the female patients near Long Pond in the Willows group in September. The usual number of patients attended the different circuses and the New England fair.

The officers of the institution have given me their assistance and hearty support during the year. The employees have apparently been more loyal in the performance of their different duties.

The resignation of the older members of the Board has been a great loss to our institution, as only by their unselfish assistance, guidance and constant supervision have we made such advancement in the treatment and care of the insane.

We are indebted to the "Boston Journal" and the "Worcester Evening Gazette" for copies of their daily papers; to the Hospital Society of Boston for books, pamphlets, magazines and Christmas cards; to the Worcester Employment Society for a large amount of sewing for the institution; to Miss Frances Lincoln for books, magazines and papers; to Mrs. Kinnicutt for books, magazines and pictures; and to the several members of your Board for most generous contributions.

Respectfully submitted,

H. LOUIS STICK,

Superintendent.

WORCESTER, MASS., Nov. 30, 1914.

TREASURER'S REPORT.

To the Trustees of the Worcester State Hospital acting for the Worcester State Asylum.

I respectfully submit the following report of the finances of this institution for the fiscal year ending Nov. 30, 1914:—

CASH ACCOUNT.

Balance Dec. 1, 1913,	\$12,511 46
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Receipts.

Institution Receipts.

Board of inmates:—

Reimbursements, insane,	\$9,362 36
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Sales:—

Food,	\$139 70
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Clothing and materials,	455 23
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Furnishings,	20
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Repairs and improvements,	14	84
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Miscellaneous, 329 24

Farm, stable and grounds:—

Cows and calves,	\$190 00
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Pigs and hogs,	16 00
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Hides,	26 17
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232 17

1,171 38

Miscellaneous receipts: —

Interest on bank balances,	\$282 68
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Sundries,	100	80
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Board of Retirement,	.	.	38	61
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422 09

10,955 83

Sales account of industries fund,	82 81
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Wages refunded account of 1913 expenses,	7 98
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Receipts from Treasury of Commonwealth.

Maintenance appropriations:—

Balance of 1913,	\$5,870 20
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Advance money (amount on hand November 30),	13,483 35
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Approved schedules of 1914,	\$301,626 07
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Less returned,	16 86
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301,609 21

320,962 76

Special appropriations,	362,168	69
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Industries fund,	61 24
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[illegible]

Payments.

To treasury of Commonwealth: —

Institution receipts,	\$10,955 83
Industries fund,	82 81
Wages refunded account of 1913 expenses,	7 98

Maintenance appropriations: —

Balance November schedule, 1913,	\$19,471 04
Eleven months schedules, 1914,	301,609 21
November advances,	4,544 27
	<hr/>
	325,624 52

Special appropriations: —

Approved schedules,	\$362,168 69
Less advances, last year's report,	1,089 38
	<hr/>
	\$361,079 31
November advances,	7 43
	<hr/>
	361,086 74

Industries fund: —

Approved schedules,	61 24
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Balance, Nov. 30, 1914: —

In bank,	\$8,626 57
In office,	305 08
	<hr/>
	8,931 65

Total,	\$706,750 77
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MAINTENANCE.

Appropriation, \$315,000; from 1913, \$88.69,	\$315,088 69
Expenses (as analyzed below),	321,053 56
	<hr/>
Deficit,	\$5,964 87

Analysis of Expenses.

Salaries, wages and labor: —

H. Louis Stick, M.D., superintendent,	\$3,000 00
General administration,	43,556 14
Medical service,	7,226 67
Ward service (male),	24,176 40
Ward service (female),	24,280 94
Repairs and improvements,	8,215 55
Farm, stable and grounds,	23,466 58
	<hr/>
	\$133,922 28

Food: —

Butter,	\$11,615 34
Beans,	982 33
Crackers,	628 33
Cereals, rice, meal, etc.,	1,133 48
Cheese,	945 78
Eggs,	1,492 39
Flour,	10,427 49
Fish,	2,911 25
	<hr/>

Amounts carried forward,	\$30,136 39	\$133,922 28
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<i>Amounts brought forward,</i>	\$30,136 39	\$133,922 28
Food — <i>Con.</i>		
Fruit (dried and fresh),	3,015 81	
Lard,	1,124 80	
Meats,	22,546 77	
Milk,	7,206 86	
Molasses and syrup,	370 63	
Spices, seasonings, salt, etc.,	348 26	
Sugar,	4,178 93	
Tea, coffee, broma and cocoa,	3,043 96	
Vegetables,	6,420 98	
Yeast,	146 77	
Sundries,	643 89	
		79,184 05
Clothing and materials: —		
Boots, shoes and rubbers,	\$2,349 71	
Clothing,	8,805 46	
Dry goods for clothing and small wares,	1,807 44	
Furnishing goods,	92 80	
Hats and caps,	47 69	
Leather and shoe findings,	267 69	
Materials and machinery for manufacturing,	465 52	
Sundries,	266 66	
		14,102 97
Furnishings: —		
Beds, bedding, table linen, etc.,	\$9,003 05	
Brushes, brooms,	415 38	
Carpets, rugs, etc.,	130 58	
Crockery, glassware, cutlery, etc.,	1,512 62	
Furniture and upholstery,	533 74	
Kitchen furnishings,	1,113 74	
Materials and machinery for manufacturing,	872 84	
Wooden ware, buckets, pails, etc.,	128 51	
Sundries,	1,965 25	
		15,675 71
Heat, light and power: —		
Coal,	\$27,049 37	
Freight on coal,	6,918 53	
Gas,	14 81	
Oil,	325 58	
Sundries,	647 43	
		34,955 72
Repairs and improvements: —		
Cement, lime and plaster,	\$313 16	
Doors, sashes, etc.,	12 65	
Electrical work and supplies,	1,292 89	
Hardware,	2,696 11	
Lumber,	749 22	
Machines (detached),	379 22	
Paints, oil, glass, etc.,	1,665 18	
Plumbing, steam fitting and supplies,	3,420 25	
Roofing and materials,	120 60	
Sundries,	1,046 34	
		11,695 62
<i>Amount carried forward,</i>		\$289,536 35

<i>Amount brought forward,</i>		\$289,536 35
Farm, stable and grounds: —		
Blacksmith and supplies,	\$208 47	
Carriages, wagons, etc., and repairs,	1,307 05	
Fertilizers, vines, seeds, etc.,	2,447 97	
Hay, grain, etc.,	6,770 99	
Harnesses and repairs,	69 25	
Horses,	285 00	
Other live stock,	52 80	
Tools, farm machines, etc.,	902 94	
Sundries,	1,064 48	
		<hr/> 13,108 95
Religious services,		1,419 25
Miscellaneous: —		
Books, periodicals, etc.,	\$492 62	
Cuspidor supplies,	19 49	
Entertainments,	825 35	
Freight, expressage and transportation,	3,108 20	
Funeral expenses,	478 00	
Hose, etc.,	201 02	
Ice,	22 13	
Medicines and hospital supplies,	1,410 79	
Medical attendance, nurses, etc. (extra),	244 36	
Postage,	338 15	
Printing and printing supplies,	513 39	
Printing annual report,	139 71	
Return of runaways,	213 40	
Soap and laundry supplies,	2,699 34	
Stationery and office supplies,	577 77	
Travel and expenses (officials),	404 18	
Telephone and telegraph,	797 08	
Tobacco,	959 50	
Water,	1,085 20	
Sundries,	2,467 31	
		<hr/> 16,996 99
Total expenses for maintenance,		\$321,061 54
Wages refunded account of 1913 expenses,		7 98
		<hr/> \$321,053 56
SPECIAL APPROPRIATIONS.		
Balance Dec. 1, 1913,		\$447,254 00
Appropriations for fiscal year,		22,500 00
		<hr/>
Total,		\$469,754 00
Expended during the year (see statement annexed),	\$362,168 69	
Reverting to treasury of Commonwealth,	1 30	
		<hr/> 362,169 99
		<hr/>
Balance Nov. 30, 1914,		\$107,584 01

RESOURCES AND LIABILITIES.

Resources.

Cash on hand,	\$8,931 65	
November cash vouchers (paid from advance money):—		
Account of maintenance,	\$4,544 27	
Account of special appropriations,	7 43	
	<hr/>	4,551 70
Due from treasury of Commonwealth balance of appropriation,	4 11	
	<hr/>	\$13,487 46

Liabilities.

Schedule of November bills,	\$19,452 33
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PER CAPITA.

During the year the average number of inmates has been 1,368.87.

Total cost for maintenance, \$321,053.56.

Equal to a weekly per capita cost of \$4.51.

Receipt from sales, \$1,171.38.

Equal to a weekly per capita of \$0.016.

All other institution receipts, \$9,784.45.

Equal to a weekly per capita of \$0.137.

INDUSTRIES FUND.

Balance Dec. 1, 1913,	\$10 55
Receipts credited,	82 81
	<hr/>
	\$93 36

Expenditures, approved schedules (see statement annexed),	\$61 24
Balance Nov. 30, 1914,	32 12
	<hr/>
	\$93 36

INDUSTRIES.

Expenditures.

Instructors,	\$12 80
Materials:—	
Booth at fair,	\$20 00
Cotton waste,	8 30
Doilies, patterns, cotton, etc.,	13 14
Electricity at fair,	1 50
Expenses to and from fair,	4 85
Slipper soles,	25
Yarn,	40
	<hr/>
	48 44
	<hr/>
	\$61 24

Special Appropriations.

OBJECT.	Act or Resolve.	Whole Amount.	Expended during Fiscal Year.	Expended to Date.	Balance at End of Year.
Nurses' home,	Acts 1911, chap. 149.	\$29,300 00	\$510 27	\$29,299 38	\$0 62 ¹
Two buildings, 50 patients each,	Acts 1911, chap. 149.	40,000 00	2,474 07	39,999 99	01 1
Storehouse,	Acts 1911, chap. 149.	17,100 00	1,143 91	17,099 45	55 1
Two buildings, 50 patients each,	Acts 1912, chap. 132.	40,000 00	4,078 04	39,999 88	12 1
Grafton colony construction,	Acts 1912, chap. 679.	410,000 00	228,554 95	375,102 89	34,897 11
New kitchen and dining room, colony No. 2,	Acts 1914, chap. 130.	23,000 00	15,231 02	22,625 39	374 61
Repairing old house at colony No. 2,	Acts 1913, chap. 133.	3,300 00	2,000 00	1,125 00	3,300 00
New boiler,	Acts 1913, chap. 133.	2,000 00	1,125 00	1,125 00	875 00
Filter bed enlargement,	Acts 1913, chap. 133.	35,000 00	22,904 85	25,019 05	9,980 95
Water supply and development of reservoir,	Acts 1914, chap. 129.	16,000 00	5,209 00	10,099 12	5,900 88
Motor generator,	Acts 1913, chap. 133.	5,900 00	5,859 50	5,859 50	40 50
Male nurses' home,	Acts 1913, chap. 133.	49,000 00	41,944 69	47,711 77	1,288 23
Female nurses' home,	Acts 1913, chap. 133.	36,300 00	33,033 39	34,607 56	1,692 44
Service building, central kitchen and dormitory, Elms,	Acts 1913, chap. 133.	48,000 00	10 00	1,265 71	46,734 29
Boiler,	Acts 1914, chap. 129.	2,500 00	—	—	2,500 00
		\$757,400 00	\$362,168 69	\$649,814 69	\$107,584 01

¹ Reverting to treasury of the Commonwealth.

Respectfully submitted,

H. LOUIS STICK,

Treasurer.

Examined and found correct as compared with the records in the office of the Auditor of the Commonwealth.

WARREN A. MERRILL,

Assistant Supervisor of Accounts.

INMATES' FUND.

Cash on hand Dec. 1, 1913,	\$4,456 91
Received from inmates,	\$1,267 13
Interest, Worcester Trust Company,	41 04
Interest, Mechanics Savings Bank,	102 08
	<hr/> 1,410 25
	<hr/> \$5,867 16
Cash refunded inmates,	869 30
	<hr/>
Balance (Worcester Trust Company, \$2,327.94; Mechanics Savings Bank, \$2,629.12; drawer, \$40.80),	\$4,997 86

WORCESTER, Dec. 19, 1914.

I hereby certify that I have made a monthly examination of all bills and pay rolls representing the current expenses of the Worcester State Asylum for the year ending Nov. 30, 1914 (\$321,053.56), and have found them properly scheduled and correctly cast.

I also find in the hands of the treasurer \$4,997.86 belonging to patients.

GEORGE L. CLARK,
Examiner.

STATISTICAL TABLES.

[FORM PRESCRIBED BY STATE BOARD OF INSANITY.]

1. — General Statistics of the Year.

	ISSANE.			INEBRIATES.			AGGREGATES.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Patients in asylum Oct. 1, 1913,	618	709	1,327	—	3	3	618	712	1,330
Admitted within the year,	100	81	181	—	—	—	100	81	181
Viz.: by transfer, . . .	98	79	177	—	—	—	98	79	177
from visit, . . .	1	—	1	—	—	—	1	—	1
from visit, nominally, . . .	1	2	3	—	—	—	1	2	3
from elopement, . . .	—	—	—	—	—	—	—	—	—
Whole number of cases in year,	718	790	1,508	—	3	3	718	793	1,511
Dismissed within the year, . . .	70	54	124	—	2	2	70	56	126
Discharged, . . .	12	8	20	—	1	1	12	9	21
Viz.: as recovered at time of leaving asylum,	3	1	4	—	—	—	3	1	4
as capable of self-support, . . .	5	3	8	—	—	—	5	3	8
as not improved, . . .	2	1	3	—	1	1	2	2	4
Died, . . .	40	35	75	—	1	1	40	36	76
Transferred, . . .	10	6	16	—	—	—	10	6	16
Escaped, . . .	4	1	5	—	—	—	4	1	5
On visit Oct. 1, 1914, . . .	4	4	8	—	—	—	4	4	8
Patients remaining Sept. 30, 1914, . . .	648	736	1,384	—	1	1	648	737	1,385
Viz.: supported as State patients,	626	715	1,341	—	1	1	626	716	1,342
as private patients,	—	—	—	—	—	—	—	—	—
as reimbursing patients,	22	21	43	—	—	—	22	21	43
Number of different persons within the year,	717	787	1,504	—	3	3	717	790	1,507
Number of different persons admitted, . . .	99	78	177	—	—	—	99	78	177
Number of different persons dismissed, . . .	69	51	120	—	2	2	69	53	122
Number of different persons recovered, . . .	3	1	4	—	—	—	3	1	4
Number of different persons discharged, capable of self-support, . . .	4	3	7	—	—	—	4	3	7
Daily average number of patients, . . .	638.59	724.16	1,362.75	—	—	—	638.59	725.51	1,364.10
Viz.: State patients, . . .	614.28	688.67	1,302.95	—	1.35	1.35	614.28	690.02	1,304.30
private patients, . . .	—	—	—	—	—	—	—	—	—
reimbursing patients, . . .	24.31	35.49	59.80	—	—	—	24.31	35.49	59.80

2. — *Received on First and Subsequent Admissions.*

NUMBER OF ADMISSION.	CASES ADMITTED.		
	Males.	Females.	Totals.
First (to this asylum),	98	76	174
Second (to this asylum),	—	3	3
Third (to this asylum),	—	—	—
Total cases,	98	79	177
Total persons,	98	78	176

3. — *Ages of Insane at First Attack and Death.*

	DIED.					
	AT FIRST ATTACK.			AT TIME OF DEATH.		
	Males.	Females.	Totals.	Males.	Females.	Totals.
Congenital,	—	2	2	—	—	—
15 years and less,	3	1	4	—	—	—
From 15 to 20 years,	1	1	2	—	—	—
20 to 25 years,	2	3	5	—	2	2
25 to 30 years,	2	4	6	1	1	2
30 to 35 years,	3	3	6	1	1	2
35 to 40 years,	4	1	5	3	6	9
40 to 50 years,	7	2	9	10	3	13
50 to 60 years,	2	5	7	11	5	16
60 to 70 years,	1	2	3	6	7	13
70 to 80 years,	—	—	—	8	7	15
Over 80 years,	—	—	—	—	1	1
Unknown,	15	11	26	—	2	2
Totals,	40	35	75	40	35	75
Total persons,	40	35	75	40	35	75
Mean known ages (in years),	34.56	34.08	34.32	53.92	51.31	52.70

4. — *Form of Mental Disease in Patients admitted or discharged, with their Condition on Discharge, or Death.*

FORM OF DISEASE.	ADMITTED.			DISCHARGED.						DIED.			TOTAL DISCHARGES AND DEATHS.					
	Males.	Females.	Totals.	RECOVERED.		CAPABLE OF SELF-SUPPORT.		IMPROVED.		NOT IMPROVED.		Males.	Females.	Totals.	Males.	Females.	Totals.	
				Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.							Totals.
A. — First admitted to any hospital when received by institution from which transferred: —																		
Alcoholic insanity, acute,	18	11	29	2	2	4	1	1	2	—	—	—	9	1	10	—	—	
Alcoholic insanity, chronic,	1	1	2	—	—	—	—	—	—	—	—	—	4	4	8	—	—	
Artiosclerotic insanity,	9	10	19	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Chronic delusional insanity,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Constitutional inferiority,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Dementia, chronic,	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Dementia præcox,	22	18	40	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Dementia præcox, paranoid form,	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Dementia, presenile,	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Dementia, senile,	—	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Epilepsy,	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Epilepsy dementia,	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
General paresis,	10	1	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Idiot,	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Imbecile,	6	2	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Imbecile dementia,	1	4	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Involuntary psychosis,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Manic-depressive,	2	1	3	—	—	—	2	1	3	—	—	—	—	—	—	—	—	
Puerperal insanity,	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Totals A,	75	55	130	2	—	2	3	1	4	1	—	1	2	3	26	22	48	
															33	25	58	

5. — *Discharges of the Insane, classified by Admission and Results, and Deaths.*

NUMBER OF ADMISSION.	RECOVERED.			CAPABLE OF SELF-SUPPORT.			IMPROVED.			NOT IMPROVED.			DIED.			TOTALS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
First,	3	1	4	5	3	8	2	1	3	1	3	4	40	31	71	51	39	90
Second,	—	—	—	—	—	—	—	—	—	1	—	1	—	3	3	1	3	4
Third,	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1
Total cases,	3	1	4	5	3	8	2	1	3	2	3	5	40	35	75	52	43	95
Total persons first admitted to any hospital when received by institution from which transferred,	2	—	2	3	1	4	1	—	1	1	2	3	26	22	48	33	25	58

[illegible]

[illegible]

7. — *Duration of Mental Disease and its Treatment in Patients who recovered or died.*

PERIOD.	FIRST ADMISSION TO ANY HOSPITAL WHEN RECEIVED BY INSTITUTION FROM WHICH TRANSFERRED.						ALL OTHER ADMISSIONS.					
	DURATION BEFORE ADMISSION.			HOSPITAL RESIDENCE.			WHOLE DURATION.			WHOLE KNOWN PERIOD OF MENTAL DISEASE.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
A. — Recovered: —												
Under 1 month,	—	—	—	—	—	—	—	—	—	—	—	—
From 1 to 3 months,	—	—	—	—	—	—	—	—	—	—	—	—
3 to 6 months,	—	—	—	—	—	—	—	—	—	—	—	—
6 to 12 months,	—	—	—	—	—	—	—	—	—	—	—	—
1 to 2 years,	—	—	—	—	—	—	—	—	—	—	—	—
2 to 5 years,	—	—	—	—	—	—	—	—	—	—	—	—
5 to 10 years,	—	—	—	—	—	—	—	—	—	—	—	—
10 to 20 years,	—	—	—	—	—	—	—	—	—	—	—	—
Over 20 years,	—	—	—	—	—	—	—	—	—	—	—	—
Totals,	—	—	—	2	—	2	—	—	2	1	1	2
Unknown,	2	—	2	—	—	—	2	—	—	—	—	—
Totals,	2	—	2	2	—	2	2	—	2	1	1	2
Average of known cases (in months),	—	—	—	28	—	28	—	—	9	4	11	7.50

EIGHTY-THIRD ANNUAL REPORT
OF
THE TRUSTEES
OF THE
WORCESTER STATE HOSPITAL
FOR THE
YEAR ENDING NOVEMBER 30, 1915.



BOSTON:
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THE STATE BOARD OF PUBLICATION.

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OFFICERS OF THE HOSPITAL.

TRUSTEES.

GEORGIE A. BACON,	WORCESTER.
AMOS CHASE,	LYNN.
WILLIAM J. DELAHANTY, M.D.,	WORCESTER.
TIMOTHY J. FOLEY, M.D.,	WORCESTER.
DONALD GORDON,	BOSTON.
ELLEN A. SHEEHAN,	WORCESTER.

RESIDENT OFFICERS.

ERNEST V. SCRIBNER, M.D.,	<i>Superintendent.</i>
B. HENRY MASON, M.D.,	<i>Senior Assistant Physician.</i>
GEORGE A. MacIVER, M.D.,	<i>Assistant Physician.</i>
HAROLD C. AREY, M.D.,	<i>Assistant Physician.</i>
ROY C. JACKSON, M.D.,	<i>Assistant Physician.</i>
SIDNEY M. BUNKER, M.D.,	<i>Assistant Physician.</i>
GEORGE E. MOTT, M.D.,	<i>Assistant Physician.</i>
R. GRANT BARRY, M.D.,	<i>Assistant Physician.</i>
JENNIE G. McINTOSH, M.D.,	<i>Junior Assistant Physician.</i>
MARIAN K. LIBBY,	<i>Director of Industrial Therapeutics.</i>
ELSIE I. MacKENZIE, R.N.,	<i>Superintendent of Nurses.</i>
ARTHUR E. GILMAN,	<i>Steward.</i>
BERTHA HARRIS,	<i>Matron.</i>
JOSEPH T. REYNOLDS,	<i>Farmer.</i>

NONRESIDENT OFFICERS.

HAROLD I. GOSLINE, M.D.,	<i>Pathologist.</i>
HOWARD BEAL, M.D.,	<i>Consulting Surgeon.</i>
WALTER W. CAMPBELL, D.D.S.,	<i>Dentist.</i>
GEORGE E. PARESEAU,	<i>Druggist.</i>
GEORGE L. CLARK,	<i>Auditor.</i>
JESSIE M. D. HAMILTON,	<i>Clerk.</i>
JAMES DICKISON, JR.,	<i>Engineer.</i>

The Commonwealth of Massachusetts.

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

The trustees of the Worcester State Hospital herewith respectfully submit their eighty-third annual report.

The Legislature of 1914 made no special appropriations for the institution as the needs of the State in other directions seemed more urgent.

The most immediate needs of the institution are those which follow: —

First. — The solution of the sewage problem. For more than a decade of years the attention of the Legislature has been called to this vital issue. At present the sewage is treated by a questionable process of filtration. The fact still remains that the sewage of the institution is not being properly disposed of. Some way should be devised to care for it, so that a growing community may be protected from a possible menace. Sanitation seems to be the watchword of the present day. Citizens living in the vicinity of these so-called filter beds have, with reason, criticized the procrastinating methods adopted by the State of solving this problem of sanitation. They cannot and do not feel that the State is doing its duty as the guardian of the health and comfort of its citizens while it permits such a condition to prevail.

Since the appropriation of \$7,500 for a sewer pipe line to connect with the Worcester sewerage system, made by the Legislature of 1913, is unavailable, owing to the terms of the act, we urge immediate consideration of this matter.

The disposal of the sewage is a serious concern to the institution and its vicinity, and the maintenance of filter beds upon the grounds prevents, on account of pollution, the development of a private water supply which would be of inestimable value to the institution, and which would make a saving to the Commonwealth of some thousands of dollars annually.

Second. — The conditions which exist at this institution make it difficult to serve food properly. There are numerous small, unattractive dining rooms, many of them distant from the kitchen, which means a great loss in efficient service. The creation of congregate dining rooms would insure more efficient and economical service, and would add much to the comfort and convenience of inmates, nurses and attendants. The present laundry building could be suitably converted for this purpose.

Industrial therapeutics contribute much to the successful treatment and management of inmates. At present some of the rooms used for industrial occupations are inadequate and unsuitable. We, therefore, for the third time, renew our request for an appropriation of \$100,800 for the construction of a laundry and industrial building, and for the conversion of the old laundry into congregate dining rooms.

Third. — The help problem is one which confronts the management of every institution, and one which the State can aid very materially by providing suitable accommodations for the employees, especially those with families. It is the purpose of this institution to increase the number of married employees. To do this it is necessary that provision be made for their comfort, in order to attract to the service the best class of help obtainable; the better the help, the better the service. We, therefore, repeat our request for appropriations of \$16,000 and \$11,400, the former for the construction of two cottages, at \$8,000 each, to house employees, the latter for two bungalows, at \$5,700 each, for members of the medical staff and their families.

Fourth. — The installation of a cold-storage plant would permit the purchasing of supplies in larger quantities and with greater economy, and would insure better care of the products

of the farm and garden. We renew, for the third time, our request for an appropriation of \$50,400, to be used for the construction and equipment of a building for this purpose.

Fifth. — At present the accommodations for housing men in numbers sufficient to work the farm at Hillside are inadequate. The trustees feel that if a suitable building could be erected to care for 50 male patients capable of doing farm work, much good would result to the patients and profit to the institution. We, therefore, ask for an appropriation of \$20,000 for the construction of such a building at Hillside Farm.

Sixth. — Again we ask you to consider the wage question. It is our desire to make the officers and employees feel that faithful service is appreciated and will be rewarded through increased pay, — a consideration very vital for the retention of efficient help.

Seventh. — We ask that as liberal a maintenance allowance as possible be granted, as there are many improvements necessary in the institution and the buildings connected with it.

Accompanying this report are those of the superintendent and treasurer, which contain more detailed statements as to the conditions, needs and activities of the institution.

The problem of caring for defective delinquents is a serious one. It is hoped that the solution will render it unnecessary to confine them in any institution for the insane.

During the year a social worker has been added to the staff. Through her work the institution has been brought into a closer relation with this and other communities, and an increasing number of patients are returned to their homes, — a much desired result.

Another venture, well under way now, is the co-operation of the institution with the school authorities in regard to determining the mental age of defective children.

Thus the institution is reaching out more and more into the community, and its motives and work are being better understood by the people, who can, therefore, appreciate the efforts made for their betterment.

It is with regret that we have to record the death, during the year, of Miss Isa M. Richardson, the director of industrial

therapeutics. We wish to express our appreciation of her faithful, devoted and efficient service during the time in which she was connected with the institution.

The trustees wish to express their appreciation of faithful services rendered by the superintendent, members of the staff, and the employees of the institution.

Respectfully submitted,

GEORGIE A. BACON.
AMOS CHASE.
WILLIAM J. DELEHANTY.
TIMOTHY J. FOLEY.
DONALD GORDON.
ELLEN A. SHEEHAN.

Nov. 30, 1915.

SUPERINTENDENT'S REPORT.

To the Trustees of the Worcester State Hospital.

I herewith respectfully submit the following report of the hospital for the year ending Nov. 30, 1915, it being the eighty-third annual report.

There remained at the hospital Oct. 1, 1914, 1,420 patients,—719 men and 701 women. During the year ending Sept. 30, 1915, there were admitted 731 patients,—376 men and 355 women. Six hundred and ninety-two patients—380 men and 312 women—were dismissed from the hospital. Of this number, 325 patients—189 men and 136 women—were discharged; 132 patients—76 men and 56 women—died; 91 patients—29 men and 62 women—were transferred; and 142 patients—85 men and 57 women—left on visit or escape; leaving at the end of the statistical year, 1,459 patients,—715 men and 744 women. Of this number, 1,243 were supported by the State, 118 by friends, and 98 as reimbursing patients. Of the 416 patients discharged and transferred, 54 were reported recovered, 84 capable of self-support, 80 improved and 95 not improved. Four men and 8 women (including 3 habitual drunkards, women) were discharged as not insane. One man and 4 women were transferred by the State Board of Insanity to the Danvers State Hospital; 4 men and 4 women to the State Infirmary; 1 man and 2 women to the Boston State Hospital; 1 woman to the Taunton State Hospital; 2 women to the Medfield State Hospital; 8 women to the Westborough State Hospital; 1 woman to the Foxborough State Hospital; 19 women to the Gardner State Colony; 1 man to the Bridgewater State Hospital; 4 men and 5 women to the Monson State Hospital, and 18 men and 15 women to the Grafton State Hospital. Ten men and 6 women were removed from the State, and 1 woman was boarded out.

There remained at the end of the year 39 patients more than at the beginning. The smallest number under treatment on any one day was 1,405, and the largest, 1,493. The daily average number was 1,450.14.

The percentage of recoveries, calculated upon the number of discharges and deaths, was 11.8; calculated upon the number of admissions it was 7.4.

The death rate was 6.1, calculated on the whole number of patients under treatment, and 9.1, calculated on the daily average number.

Of the cases admitted, by far the greater number suffered from dementia præcox; then come manic-depressive, senile dementia, general paralysis and alcoholic psychoses. In considering admissions it is of interest to note that the percentage of voluntary cases has more than doubled over that of last year. Temporary-care cases have increased over 50 per cent. The Legislature of last year extended the time that temporary-care cases can be detained without commitment from seven to ten days. This, perhaps, in some measure accounts for this increase. This extension of time was a move in the right direction, but, in my opinion, if the time were again extended to twenty-one days, the results would be even more satisfactory. The temporary-care act not only serves as a great convenience, but in many cases obviates entirely the necessity for formal commitment.

The general health of the institution has been good. There has been no case of contagious disease of any kind during the year among either patients or employees, a fact which is rather remarkable when we consider the large numbers of persons who are resident here and that new cases are being constantly received from the general community. Dysentery, which for several years assumed almost an epidemic form, has practically ceased to exist. During the year but two cases of this disease occurred, both of which recovered. I cannot but attribute this excellent result in great measure to the painstaking care of the medical staff and the very vigorous and effective general sanitary measures which have been enforced.

A few cases of pellagra have occurred among the patients. This is a disease which is more prevalent in the south and west

than in New England. That pellagra, however, has existed in this community in former years is undoubtedly true, and the fact of the recognition of more cases now may be partially accounted for by a greater accuracy in diagnosis. The nature and causes of this disease are but poorly understood. It is pretty generally accepted, however, that it is due to faulty nutrition. Appropriate dietary treatment in many cases affords relief, and in some, seems to effect a cure. In one fatal case it seemed fair to attribute the mental disease to the influence of the pellagra.

One of the most important changes of the year has been the reorganization of the training school for nurses. No other agency for their care can ever come into such intimate relation with our patients as the nursing staff. How important then that we should not only make the best and most careful selection of the personnel of the nursing force, but also that having secured good material we should so shape and mold it as to best adapt it for the accomplishment of our ends, the efficient and kindly care of those most unfortunate persons who have been committed to our institution. While the training of the nurse is primarily that she may better and more intelligently care for her patients, it does supplement the too meager wage which the financial limitations of the hospital forces it to offer, and renders the service more attractive.

The training course has formerly covered a period of two years. The insane hospital, from the nature of its work, has hitherto been unable to offer to its pupil nurses that experience in certain branches which only a general hospital could offer, and with the limited time in the course has compelled its graduates to seek by post-graduate work to supplement the training which was received here. During the past year the training course has been extended to cover a period of three years. An arrangement has been entered into with Bellevue and the allied hospitals of New York whereby our nurses, at some time during the three years' course, preferably during the second year, are received there for a ten months' course, and on graduation here are given a certificate from Bellevue covering the work done there. In changing our course from two years to three years an option was given to the senior class to

graduate at two years and receive a diploma accordingly. The interest and appreciation of the newly arranged course was shown by every member of the class electing to continue on the three-year basis.

The out-patient service, established last year, has been continued, and seems to be appreciated by the community. At each of the clinics the social worker is present, and follows up cases as the needs may indicate. Many former patients and those now out on visit report at these times, and thus enable the institution to keep in touch with individual cases.

Early in our out-patient service attention was called to the needs of the backward and defective school children, a special clinic being arranged for these cases one-half day of each month, a representative from the staff of the School for Feeble-minded co-operating with the members of our hospital staff. At first these clinics were held at the hospital, but the growing attendance finally led up to a conference with the superintendent of schools, resulting in arrangements being made to hold a clinic in the school committee room in the City Hall on the third Tuesday afternoon of each month. The city has no psychologist to examine the children who are unable to keep up with the class work in the schools, and so many pupils have been presented for examination and so much interest has been evinced that now a whole day is given up to this work once each month. At this clinic the child's mental age is established, and advice given as to whether commitment to one of the schools for feeble-minded is desirable, or whether the child may properly continue to be cared for in the community, under proper supervision. This latter class is given work in one of the ungraded schools, especially along the lines of manual training, and in a year is again brought up for examination to see if any good has been accomplished. The success of this clinic is largely due to the energetic work of Miss Edith M. Dixon, who arranges with the parents of a certain number of children each month to attend the clinic.

The growing importance of the social work, which for some time was carried on by different members of the medical staff, made it necessary early in the year to appoint a regularly trained social worker. Miss Marie L. Donohoe was secured for this position. She has entered into her work with enthusiasm,

and is proving a valuable addition to the regular hospital staff. Miss Mildred T. Hurley is also kindly doing volunteer social service. The volume of the social work is such that both these young women are kept pretty constantly and profitably employed.

This whole out-patient and social work is doing something more than attending to the needs of the individuals and families immediately concerned. It is carrying on a campaign of education in the community; it is removing distrust, and teaching the community that the hospital influence seeks to be kindly, helpful and co-operative; it is teaching the hospital to better understand the community view and to cope more intelligently with the problem of securing for its patients as early a return to the home as possible. The social worker is invaluable in placing out patients in family care and in their supervision when so placed. In discharging patients into the community, where there is lack of information as to home conditions, the report of the social worker is of great value in determining proper action. If patients have no home or friends, employment is sometimes secured, proper boarding places found, and assistance given in placing them once more in a position to become self-supporting.

The State Board of Insanity has removed from the institution practically all of its epileptics and the women inebriates and victims of drug habits, concentrating these cases in certain specified institutions. This practice has certainly assisted in the better classification of the other patients here and should result in good to the classes in question, as they will now be concentrated where more intensive methods of study and treatment can be applied. It is now to be hoped that at some early date the problem of the defective delinquent will be as effectually solved.

During the year Miss Isa M. Richardson, our director of industrial therapeutics, died after a sudden and brief illness. Miss Richardson was an earnest, conscientious and capable young woman, who was carrying on a very useful and successful work here. She was well liked by her associates and her untimely death was a great shock to us all. Miss Marian K. Libby has been appointed to carry on this work.

Interest in the therapeutic industries continues unabated.

Much work is accomplished on the wards and in the special industrial rooms for the men and women. This industrial work has great value in the treatment of certain forms of mental disease, to combat dementing tendencies.

The work of the dentist has been somewhat amplified, and in addition to his regular work three weeks of intensive application have been devoted to the treatment of cases of Rigg's disease, an affection of the gums. In the course of this work an examination was made of the teeth of every patient in the house. Satisfactory results were obtained in the majority of cases.

The Legislature of last year failed to authorize measures which would solve the question of the disposal of the sewage from this institution. I feel that I should do less than my duty if I should fail to present this subject for the consideration of your Board. The present method of sewage disposal is entirely inadequate, and is a source of serious offence to the neighbors and the passers-by. I would again recommend that your Board ask for some measure of relief. I believe that the only solution of the matter that would be in any degree permanently satisfactory is the connection of our sewer with the system of the city of Worcester. The estimate for the accomplishment of this work is \$7,500. If this sum can be granted under such conditions as it is possible to comply with, it will provide a solution of our long-standing difficulties.

Last year your Board made several requests for special appropriations covering work which it seemed highly desirable should be entered into to develop the institution more fully and to increase its efficiency. The desirability of accomplishing these undertakings has been recognized by the State Board of Insanity to the extent that, under its authority, plans and specifications covering this work have been prepared. The urgent necessities of the State expenditures prevented the granting of our special appropriations last year. I recommend that your Board again bring forward these requests that they may again be considered and, if found possible, granted.

I believe that a better and more economical service of food could be obtained if for many of our small dining rooms one large central room could be provided, located near the

kitchen and to which the majority of our patients could come. The building now occupied by the laundry, carpenter shop, and some of our other industries, could well be converted into a large congregate dining room. This would necessitate the erection of a new building for the accommodation of those activities. Such a building, constructed of brick, two stories and basement, could well provide for the laundry in the basement and first story, leaving the upper story for the various industrial operations. All these changes are considered together because they are interdependent. It is estimated that to carry out these plans will cost \$100,800.

It would seem to be a rather self-evident fact that to secure and retain in the service competent and desirable persons not only should a reasonable wage be paid but also that the conditions of living should be made as attractive as possible. With this end in view I recommend that permission be sought for the erection of two more houses for employees, to accommodate 10 employees on the upper floor, the lower providing a home for a man and his family. To erect and furnish such buildings will need the sum of \$16,000.

Greater opportunities for independent family life should also be provided for certain of our officers. I recommend that authority be sought for the erection and furnishing of two bungalows for this purpose. To accomplish this will require the expenditure of \$11,400.

I believe that it would increase the efficiency of the steward's department if it were possible to house our supplies in one building, which should be equipped with refrigerating apparatus providing cold storage for such articles as needed this special provision. For the erection of this building as planned the sum of \$50,400 will be needed.

Milk has been one of the most important products of the farm. This institution, by the farmer's careful management, had bred up one of the finest herds of Holstein cattle that existed in this part of the country. I regret to state that, despite very careful and persistent quarantine, the hoof-and-mouth disease found entrance and soon infected the entire herd which was maintained at the home farm, necessitating the slaughter of every animal there.

Fortunately, the institution did not have all of its cows in one place. At the Hillside Farm in Shrewsbury, another herd was maintained, which did not become infected, and can serve as the nucleus from which to breed back and replenish our stock.

At the Hillside Farm the housing accommodation is not sufficient to provide for as many workers as it would seem desirable to maintain there. While the farm there has been conducted at a profit, a greater efficiency in operation could be secured if a greater number of our able-bodied male patients could be permanently housed there. I agree with the proposition of the State Board of Insanity to erect a new building there to accommodate 50 male patients. Such a building as would be suitable for this purpose could probably be erected and furnished for about \$20,000 if patient labor could be used as far as possible in its erection.

Early in the year Dr. Mary E. Morse resigned her position as assistant pathologist to accept an appointment at the Boston State Hospital. A little delay was experienced in securing a successor. Dr. Harold I. Gosline has now been appointed to the position of pathologist. He has had experience at the Danvers State Hospital and the Boston Psychopathic Hospital. He comes well recommended and equipped, and is taking up the laboratory work with every promise of success.

It gives me great pleasure to commend the work of the medical staff. Every member has done conscientious and efficient work. The large numbers of patients received and the special activities and innovations have made new and imperative demands upon the staff. In every instance these demands have been met in an efficient and cheerful manner. Considerable active work has been done in hydrotherapy with the acute cases. A few properly applied treatments have in many instances seemed useful in breaking up mental torpidity and stimulating an interest in surroundings. Treatment with electricity has also in some instances seemed to exert a favorable influence on paralytic conditions.

I wish to acknowledge my indebtedness to all of the officers and employees who have, in the main, rendered faithful service, and have assisted in bringing about any measure of success which may have been attained.

Religious services have been held regularly in the chapel.

The usual round of chapel entertainments has served to interest and amuse our patients.

Thanks are again due to the publishers of the "Fitchburg Sentinel" and the "Worcester Evening Gazette" for copies of their papers, and to the Worcester Employment Society for assistance in sewing.

E. V. SCRIBNER,
Superintendent.

Nov. 30, 1915.

LABORATORY REPORT.

To the Superintendent of the Worcester State Hospital.

The report of the laboratory for the past year is herewith respectfully submitted.

The following routine work has been done:—

Urinalyses,	760
Bacteriological examinations (exclusive of throat cultures),	65
Throat cultures,	61
Sputum examinations,	47
Blood examinations,	36
Cerebrospinal fluid examinations,	25
Vaginal smears,	25
Stomach contents,	10
Fecal examinations,	8
Surgical specimens,	4
Pus from ear,	1
Clot from uterus,	1
Culture from eye,	1
Smear from abscess,	1
Cervical smear,	1
<hr/>	
Total,	1,046

Forty-two autopsies were performed during the year, representing 31 per cent. of the deaths during this period.

The psychiatric diagnoses in the cases were as follows:—

Senile psychoses,	13
Organic dementia,	10
General paralysis,	7
Dementia præcox,	6
Alcoholic psychoses,	3
Imbecility,	1
Manic-depressive insanity,	1
Paranoid condition,	1
<hr/>	
Total,	42

The major anatomical diagnoses were:—

Pulmonary tuberculosis,	5
General paralysis,	5
Broncho-pneumonia,	5
Arteriosclerosis,	5
Brain tumor,	3
Lobar pneumonia,	3
Myocarditis,	2
Intestinal tuberculosis,	2
Pellagra,	2
Chronic ulcerative colitis,	1
Acute cardiac dilatation,	1
Chronic bronchitis with hydrothorax,	1
Pulmonary gangrene,	1
Cardiovascular renal disease,	1
Internal hemorrhagic pachymeningitis,	1
Subdural hemorrhage,	1
Cerebral embolism,	1
Myocarditis with fatty degeneration,	1
Pulmonary infarct,	1
Cerebral hemorrhage,	1
Chronic interstitial nephritis,	1
Hypostatic pneumonia,	1
Septicæmia,	1
<hr/>	
Total,	46
Counted twice,	4
<hr/>	

42

The delay incident to the change in the laboratory staff has been fully made up, and we are in good running condition again.

During the incumbency of the present pathologist the internal arrangement of the laboratory has been modified to enable it to turn out the greatest amount of work with the working force available.

A different method has been devised for the storing of brains than the one formerly used here.

The autopsied cases from the beginning of the laboratory have been numbered in such a way as to make available at a moment's notice the total number of autopsies done since the beginning of the laboratory and the total number done in any given year.

A catalogue of the literature in the library has been started. This will cut down the time for looking up references from several days to a few moments, when completed.

An index of the clinical symptoms in autopsied cases is about 20 per cent. completed. Such an index will make possible scientific studies, which have been impossible in the past owing to the time required to get out the facts.

One study has been completed, entitled "The Conduct of the Insane: a Contribution to the Psychopathological Theory," presented at the twentieth anniversary of the founding of the Danvers State Hospital laboratory Nov. 19, 1915.

Meetings have been held in the laboratory at frequent intervals, at which topics of current interest have been presented before the staff.

H. I. GOSLINE, M.D.,
Pathologist.

Nov. 30, 1915.

VALUATION OF PERSONAL PROPERTY.

Food,	\$8,825 00
Clothing,	11,452 00
Furnishings,	81,676 00
Heat, light and power,	10,066 00
Repairs and improvements,	4,210 00
Farm, stable and grounds,	38,749 00
Miscellaneous,	17,256 00
Industries,	2,251 00
<hr/>	
Total,	\$174,485 00

TREASURER'S REPORT.

To the Trustees of the Worcester State Hospital.

I respectfully submit the following report of the finances of this institution for the fiscal year ending Nov. 30, 1915: —

CASH ACCOUNT.			
Balance Dec. 1, 1914,	.	.	\$12,777 04
<i>Receipts.</i>			
<i>Institution Receipts.</i>			
Board of inmates: —			
Private,	.	\$34,579 52	
Reimbursements, insane,	.	16,211 77	
		<hr/>	\$50,791 29
Sales: —			
Food,	.	\$515 47	
Clothing and materials,	.	353 15	
Furnishings,	.	66 44	
Repairs and improvements,	.	9 89	
Miscellaneous,	.	53 57	
Farm, stable and grounds: —			
Cows and calves,	\$92 00		
Hides,	48 87		
Sundries,	53 17		
	<hr/>	194 04	
		<hr/>	1,192 56
Miscellaneous receipts: —			
Interest on bank balances,	.	\$668 45	
Rent,	.	42 00	
Sundries,	.	476 17	
		<hr/>	1,186 62
			<hr/>
			53,170 47
Sales, account of industries fund,	.	.	193 10
<i>Receipts from Treasury of Commonwealth.</i>			
Maintenance appropriations: —			
Balance of 1914,	.	\$495 28	
Advance money (amount on hand November 30),		25,000 00	
Approved schedules of 1915,	\$337,121 58		
Less returned,	41 33		
	<hr/>	337,080 25	
		<hr/>	362,575 53
Special appropriations,	.	.	285 00
Industries fund,	.	.	188 12
			<hr/>
Total,	.	.	\$429,189 26

Payments.

To treasury of Commonwealth: —

Institution receipts,	\$53,170 47
Industries fund,	193 10

Maintenance appropriations: —

Balance November schedule, 1914,	\$13,272 32
Eleven months' schedules, 1915,	337,080 25
November advances,	13,741 79
	<hr/>
	364,094 36

Special appropriations: —

Approved schedules,	285 00
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Industries fund: —

Approved schedules,	188 12
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Balance Nov. 30, 1915: —

In bank,	\$10,510 65
In office,	747 56
	<hr/>
	11,258 21

Total,	\$429,189 26
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MAINTENANCE.

Appropriation (allowance for coal, \$534.30),	\$372,784 30
Expenses (as analyzed below),	372,576 99

Balance reverting to treasury of Commonwealth,	\$207 31
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Analysis of Expenses.

Salaries, wages and labor: —

Dr. Ernest V. Scribner, superintendent,	\$3,000 00
General administration,	37,722 90
Medical service,	14,897 95
Ward service (male),	30,001 79
Ward service (female),	33,237 51
Repairs and improvements,	18,588 05
Farm, stable and grounds,	13,730 55

\$151,178 75

Wages refunded, account of 1914 expenses,	41 33
---	-------

\$151,137 42

Food: —

Butter,	\$7,078 24
Butterine,	4,944 11
Beans,	1,112 09
Bread and crackers,	435 38
Cereals, rice, meal, etc.,	2,769 13
Cheese,	704 81
Eggs,	5,590 33
Flour,	11,013 25
Fish,	3,194 27
Fruit (dried and fresh),	3,811 38
Lard,	1,659 24
Meats,	24,742 76

Amounts carried forward,	\$67,054 99	\$151,137 42
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<i>Amounts brought forward,</i>	\$67,054 99	\$151,137 42
Food — <i>Con.</i>		
Milk,	13,070 42	
Molasses and syrup,	307 17	
Spices, seasonings, salt, etc.,	403 45	
Sugar,	7,040 99	
Tea, coffee, broma and cocoa,	1,967 20	
Vegetables,	5,483 26	
Yeast,	177 85	
Sundries,	317 14	
		95,822 47
Clothing and materials: —		
Boots, shoes and rubbers,	\$1,143 94	
Clothing,	3,436 69	
Dry goods for clothing and small wares,	2,143 41	
Furnishing goods,	283 15	
Hats and caps,	70 82	
Leather and shoe findings,	130 32	
		7,208 33
Furnishings: —		
Beds, bedding, table linen, etc.,	\$9,275 08	
Brushes, brooms,	530 37	
Carpets, rugs, etc.,	649 11	
Crockery, glassware, cutlery, etc.,	2,247 33	
Furniture and upholstery,	2,274 01	
Kitchen furnishings,	943 06	
Materials and machinery for manufacturing,	159 79	
Wooden ware, buckets, pails, etc.,	761 38	
Sundries,	51 07	
		16,891 20
Heat, light and power: —		
Coal,	\$35,620 74	
Wood,	5 50	
Gas,	449 69	
Oil,	252 81	
Sundries,	167 71	
		36,496 45
Repairs and improvements: —		
Brick,	\$145 60	
Cement, lime and plaster,	326 77	
Doors, sashes, etc.,	48 14	
Electrical work and supplies,	1,240 29	
Hardware,	3,457 66	
Lumber,	4,013 27	
Machines (detached),	424 38	
Paints, oil, glass, etc.,	2,072 36	
Plumbing, steam fitting and supplies,	6,480 22	
Roofing and materials,	1,499 10	
Sundries,	477 12	
		20,184 91
Farm, stable and grounds: —		
Automobiles and supplies,	\$1,902 71	
Automobile repairs,	268 55	
Blacksmith and supplies,	511 17	
<i>Amounts carried forward,</i>	\$2,682 43	\$327,740 78

<i>Amounts brought forward,</i>	\$2,682 43	\$327,740 78
Farm, stable and grounds — <i>Con.</i>		
Carriages, wagons, etc., and repairs,	395 99	
Fertilizers, vines, seeds, etc.,	841 76	
Hay, grain, etc.,	8,452 67	
Harnesses and repairs,	353 60	
Other live stock,	49 00	
Tools, farm machines, etc.,	739 79	
Sundries,	1,005 19	
		14,520 43
Religious services,		1,232 35
Miscellaneous: —		
Books, periodicals, etc.,	\$439 03	
Cuspidor supplies,	37 90	
Entertainments,	508 25	
Freight, expressage and transportation,	1,287 31	
Funeral expenses,	391 00	
Gratuities,	57 65	
Hose, etc.,	77 12	
Ice,	209 96	
Medicines and hospital supplies,	3,855 87	
Medical attendance, nurses, etc. (extra),	84 00	
Patients' board out,	5,703 82	
Postage,	761 80	
Printing and printing supplies,	861 58	
Printing annual report,	178 75	
Return of runaways,	134 07	
Soap and laundry supplies,	3,218 13	
Stationery and office supplies,	1,186 98	
Travel and expenses (officials),	1,093 92	
Telephone and telegraph,	708 72	
Tobacco,	1,326 33	
Water,	6,082 34	
Sundries,	878 90	
		29,083 43
Total expenses for maintenance,		\$372,576 99

SPECIAL APPROPRIATIONS.

Balance Dec. 1, 1914,		\$912 21
Expended during the year (see statement annexed),	\$285 00	
Reverting to treasury of Commonwealth,	627 21	
		\$912 21

RESOURCES AND LIABILITIES.

Resources.

Cash on hand,	\$11,258 21	
November cash vouchers (paid from advance money), account of maintenance,	13,741 79	
Due from treasury of Commonwealth, account of November, 1915, schedule,	10,496 74	
		\$35,496 74

Liabilities.

Schedule of November bills,		\$35,496 74
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PER CAPITA.

During the year the average number of inmates has been 1,463.09.

Total cost for maintenance, \$372,576.99.

Equal to a weekly per capita cost of \$4.897.

Receipt from sales, \$1,192.56.

Equal to a weekly per capita of \$0.156.

All other institution receipts, \$51,977.91.

Equal to a weekly per capita of \$0.685.

INDUSTRIES FUND.

Balance Dec. 1, 1914,	.	.	.	.	.	.	.	.	\$18 83
Receipts credited,	.	.	.	.	.	.	.	.	193 10
									<hr/>
									\$211 93
Expenditures, approved schedules (see statement below),	.	.							\$188 12
Balance Nov. 30, 1915,	.	.	.	.	.	.	.	.	23 81
									<hr/>
									\$211 93

INDUSTRIES.

Expenditures.

Tools and machinery: —

Tooling irons,	.	.	.	.	.	.	.	\$2 50
Labor, .	.	.	.	.	.	.	.	92 75
								<hr/>
								\$95 25

Materials: —

Clay, .	.	.	.	.	.	.	.	\$21 23
Leather, .	.	.	.	.	.	.	.	2 99
Linen, etc., .	.	.	.	.	.	.	.	41 10
Notions, .	.	.	.	.	.	.	.	11 40
Painting supplies, .	.	.	.	.	.	.	.	1 27
Sills, .	.	.	.	.	.	.	.	14 88
								<hr/>
								92 87

\$188 12 •

Special Appropriations.

OBJECT.	Act or Resolve.	Whole Amount.	Expended during Fiscal Year.	Expended to Date.	Balance at End of Year.
Accommodations for 100 male patients, . . .	Acts 1912, chap. 129	\$84,000 00	\$285 00	\$83,372 79	\$627 21 ¹
		\$84,000 00	\$285 00	\$83,372 79	—

¹ Reverting to treasury of the Commonwealth.

Respectfully submitted,

E. V. SCRIBNER,
Treasurer.

Examined and found correct as compared with the records in the office of the Auditor of the Commonwealth.

ALONZO B. COOK,
Auditor.

STATEMENT OF FUNDS.

PATIENTS' FUND.

Balance on hand Nov. 30, 1914,	\$4,088 16	
Receipts,	3,632 61	
Interest,	160 40	
	<hr/>	\$7,881 17
Interest paid to State Treasurer,	\$160 40	
Refunded,	3,091 97	
	<hr/>	3,252 37
		<hr/>
		\$4,628 80

Investment.

Worcester County Institution for Savings,	\$2,000 00	
Worcester Five Cents Savings Bank,	1,000 00	
Balance Worcester National Bank,	1,235 28	
Cash on hand Dec. 1, 1915,	393 52	
	<hr/>	\$4,628 80

LEWIS FUND.

Balance on hand Nov. 30, 1914,	\$1,562 60	
Income,	58 71	
	<hr/>	\$1,621 31
Expended for books, etc.,		101 68
		<hr/>
		\$1,519 63

Investment.

American Telephone and Telegraph Company bond,	\$926 36	
Worcester County Institution for Savings,	349 44	
Balance Worcester National Bank,	243 83	
	<hr/>	\$1,519 63

WHEELER FUND.

Balance on hand Nov. 30, 1914,	\$5,561 33	
Income,	273 37	
	<hr/>	\$5,834 70
Expended for books, etc.,		261 31
		<hr/>
		\$5,573 39

Investment.

6 shares Worcester National Bank,	\$1,002 00	
American Telephone and Telegraph Company bond,	712 50	
Worcester County Institution for Savings,	1,632 00	
Worcester Five Cents Savings Bank,	1,753 85	
Mechanics Savings Bank,	187 86	
Balance Worcester National Bank,	285 18	
	<hr/>	\$5,573 39

LAWN FUND.

Balance on hand Nov. 30, 1914,	\$157 34	
Income,	6 30	
	<hr/>	\$163 64
Expended for plants, etc.,		\$163 64

MANSON FUND.

Balance on hand Nov. 30, 1914,	\$1,356 92	
Income,	54 80	
	<hr/>	\$1,411 72

Investment.

Worcester County Institution for Savings,	\$1,411 72
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Respectfully submitted,

E. V. SCRIBNER,

Treasurer of the Corporation.

Nov. 30, 1915.

WORCESTER, MASS., Dec. 8, 1915.

I hereby certify that I have this day compared the treasurer's statement of funds for the year ending Nov. 30, 1915, with the books kept at the Worcester State Hospital, and find it correct. I have also inspected the securities representing the investments, and find their value is as stated.

GEORGE L. CLARK,

Auditor of Accounts.

STATISTICAL TABLES.

[FORM PRESCRIBED BY STATE BOARD OF INSANITY.]

1. — General Statistics of the Year.

	INSANE.			VOLUNTARY SANE.			TEMPORARY CARE.			INEBRIATES.			AGGREGATES.		
	Males.	Fe- males.	Totals.	Males.	Fe- males.	Totals.	Males.	Fe- males.	Totals.	Males.	Fe- males.	Totals.	Males.	Fe- males.	Totals.
Patients under care Sept. 30, 1914,	717	696	1,413	—	—	—	2	1	3	—	—	—	719	701	1,420
In hospital,	717	696	1,413	—	—	—	2	1	3	—	—	—	719	701	1,420
In family care,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Viz.: regularly committed,	717	693	1,410	—	—	—	—	—	—	—	—	—	717	697	1,414
emergency,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
voluntary,	—	3	3	—	—	—	—	—	—	—	—	—	—	3	3
temporary care,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Admitted within the year,	355	340	695	2	1	3	19	9	28	—	—	—	376	355	731
Viz.: by regular commitment,	230	225	455	—	—	—	—	—	—	—	—	—	230	227	457
emergency,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
voluntary,	6	5	11	2	1	3	—	—	—	—	—	—	8	6	14
temporary care,	—	—	—	—	—	—	19	9	28	—	—	—	19	9	28
viz.: observation,	—	—	—	—	—	—	9	2	11	—	—	—	9	2	11
others,	—	—	—	—	—	—	10	7	17	—	—	—	10	7	17
by transfer,	4	45	49	—	—	—	—	—	—	—	—	—	4	45	49
from visit,	9	10	19	—	—	—	—	—	—	—	—	—	9	10	19
from escape,	2	2	4	—	—	—	—	—	—	—	—	—	2	2	4
Nominal admission for discharge,	103	53	156	—	—	—	—	—	—	—	—	—	103	56	159
Viz.: from visit, ¹	60	48	108	—	—	—	—	—	—	—	—	—	60	50	110
from escape,	43	5	48	—	—	—	—	—	—	—	—	—	43	6	49
Nominally admitted from escape for discharge on visit,	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1
Whole number of cases within the year,	1,072	1,036	2,108	2	1	3	21	10	31	—	—	—	1,095	1,056	2,151
Dismissed within the year,	362	293	655	1	1	2	17	9	26	—	—	—	380	312	692
Viz.: discharged,	172	124	296	1	1	2	16	8	24	—	—	—	189	136	325
as recovered,	25	21	46	—	—	—	7	—	7	—	—	—	32	22	54
as capable of self-support,	46	34	80	—	—	—	4	—	4	—	—	—	50	34	84
as improved,	50	28	78	—	—	—	—	2	2	—	—	—	50	30	80
as not improved,	51	40	91	1	—	1	—	3	3	—	—	—	53	42	95
as not insane,	—	1	1	1	1	2	4	3	7	—	—	—	4	8	12
died,	76	56	132	—	—	—	—	—	—	—	—	—	76	56	132
transferred,	29	56	85	—	—	—	—	—	—	—	—	—	29	62	91
escaped,	20	56	76	—	—	—	—	—	—	—	—	—	20	1	21
on visit Oct. 1, 1915,	65	—	65	—	—	—	1	—	1	—	—	—	65	56	121
Nominal dismissals for commitment,	—	—	—	—	—	—	1	1	2	—	—	—	1	1	2

¹ Includes 1 female nominally admitted to be transferred.

1. — General Statistics of the Year — Concluded.

	INSANE.			VOLUNTARY SANE.			TEMPORARY CARE.			INEBRIATES.			AGGREGATES.		
	Males.	Fe- males.	Totals.	Males.	Fe- males.	Totals.	Males.	Fe- males.	Totals.	Males.	Fe- males.	Totals.	Males.	Fe- males.	Totals.
Patients under care Sept. 30, 1915,															
In hospital,	710	743	1,453	1	—	1	4	1	5	—	—	—	715	744	1,459
In family care,	708	698	1,406	1	—	1	4	1	5	—	—	—	713	699	1,412
Viz.: regularly committed,	2	45	47	—	—	—	—	—	—	—	—	—	2	45	47
emergency,	710	743	1,453	—	—	—	—	—	—	—	—	—	710	743	1,453
voluntary,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
temporary care,	1	7	8	—	—	—	4	1	5	—	—	—	1	7	8
supported as State patients,	—	—	—	1	—	1	—	—	—	—	—	—	5	1	6
as reimbursing patients,	637	600	1,237	4	—	4	4	1	5	—	—	—	642	601	1,243
as private patients,	30	68	98	—	—	—	—	—	—	—	—	—	30	68	98
Number of different persons within the year,	43	75	118	—	—	—	—	—	—	—	—	—	43	75	118
Number of different persons admitted,	963	977	1,940	1	1	2	21	10	31	—	—	—	985	994	1,979
Number of different persons admitted from the community,	250	286	536	—	—	—	19	9	28	—	—	—	269	297	566
Number of different persons dismissed,	235	229	464	—	—	—	19	9	28	—	—	—	254	240	494
Number of different persons dismissed to the community,	257	240	497	—	—	—	17	9	26	—	—	—	274	255	529
Number of different persons recovered,	228	185	413	1	1	2	16	8	24	—	—	—	245	194	439
Number of different persons capable of self-support,	25	21	46	—	—	—	7	1	8	—	—	—	32	22	54
Daily average number in hospital,	46	34	80	—	—	—	4	—	4	—	—	—	50	34	84
Daily average number in family care,	715.07	699.30	1,414.37	.86	.05	.91	2.86	.63	3.49	—	—	.58	718.79	700.56	1,419.35
Daily average number under care,	2.76	28.03	30.79	—	—	—	—	—	—	—	—	.58	2.76	28.03	30.79
Viz.: State patients,	177.83	727.33	1,445.16	.86	.05	.91	2.86	.63	3.49	—	—	.58	721.55	728.59	1,450.14
reimbursing patients,	639.21	533.44	1,222.65	—	—	—	—	—	—	—	—	.58	642.93	584.70	1,227.63
private patients,	32.93	65.26	98.19	—	—	—	—	—	—	—	—	—	32.93	65.26	98.19
Whole number of voluntary admissions,	45.69	78.63	124.32	—	—	—	—	—	—	—	—	—	45.69	78.63	124.32
Daily average number of voluntary patients,	—	—	—	—	—	—	—	—	—	—	—	—	1.17	4.46	5.63
Whole number of temporary-care patients,	—	—	—	—	—	—	—	—	—	—	—	—	55	27	82
Daily average number of temporary-care patients,	—	—	—	—	—	—	—	—	—	—	—	—	2.86	.63	3.49

2. — Family-Care Department.

	Males.	Females.	Totals.
Remaining Sept. 30, 1914,	—	—	—
Admitted within the year,	7	57	64
Whole number of cases within the year,	7	57	64
Dismissed within the year,	5	12	17
Viz.: returned to institutions,	3	11	14
discharged,	1	—	1
died,	—	—	—
escaped,	1	1	2
Remaining Sept. 30, 1915,	2	45	47
Supported by the State,	2	40	42
Private,	—	3	3
Self-supporting,	—	2	2
Number of different persons within the year,	7	55	62
Number of different persons admitted,	7	55	62
Number of different persons dismissed,	5	12	17
Daily average number,	2.76	28.03	30.79
State,	2.76	24.98	27.74
Private,	—	1.79	1.79
Self-supporting,	—	1.26	1.26

3. — Insane received on First and Subsequent Commitment.

NUMBER OF THE COMMITMENT.	CASES COMMITTED.		
	Males.	Females.	Totals.
First to this hospital,	206	198	404
Second to this hospital,	25	18	43
Third to this hospital,	4	8	12
Fourth to this hospital,	—	2	2
Fifth to this hospital,	1	3	4
Fourteenth to this hospital,	—	1	1
Total cases,	236	230	466
Total persons,	235	229	464
Never before in any hospital for the insane,	194	174	368

4.—*Nativity and Parentage of Insane Persons first admitted to Any Hospital.*

PLACES OF NATIVITY.	MALES.			FEMALES.			TOTALS.		
	Patient.	Father.	Mother.	Patient.	Father.	Mother.	Patient.	Father.	Mother.
Massachusetts,	69	32	31	58	20	20	127	52	51
Other New England States,	18	19	13	18	15	15	36	34	28
Other States,	6	3	5	10	8	11	16	11	16
Total native,	93	54	49	86	43	46	179	97	95
Other countries:—									
Austria,	2	2	2	4	5	5	6	7	7
Azores,	1	1	1	—	—	—	1	1	1
Canada,	19	24	23	17	26	26	36	50	49
England,	6	8	7	6	9	10	12	17	17
Finland,	5	6	6	4	4	4	9	10	10
France,	—	1	1	—	—	—	—	1	1
Germany,	1	1	2	2	3	2	3	4	4
Greece,	3	2	2	—	—	—	3	2	2
Ireland,	19	35	40	31	51	46	50	86	86
Italy,	9	8	8	1	1	1	10	9	9
Lithuania,	1	1	1	—	—	—	1	1	1
Madeira Islands,	—	—	—	1	1	1	1	1	1
New Brunswick,	1	2	1	—	—	—	1	2	1
Newfoundland,	—	—	—	1	1	1	1	1	1
Norway,	2	2	2	—	—	—	2	2	2
Nova Scotia,	3	4	5	5	5	5	8	9	10
Poland,	3	3	3	—	—	—	3	3	3
Portugal,	1	1	1	1	1	1	2	2	2
Prince Edward Island,	—	2	1	2	1	2	2	3	3
Russia,	12	12	12	6	6	6	18	18	18
Scotland,	—	—	1	1	3	5	1	3	6
Sweden,	5	8	7	4	4	4	9	12	11
Syria,	2	2	2	—	—	—	2	2	2
Turkey,	2	2	2	—	—	—	2	2	2
Wales,	—	—	1	—	—	—	—	—	1
West Indies,	1	—	—	1	1	1	2	1	1
Total foreign,	98	127	131	87	122	120	185	249	251
Unknown,	3	13	14	1	9	8	4	22	22
Totals,	194	194	194	174	174	174	368	368	368

5. — *Residence of Insane Persons admitted from the Community.*

PLACES.	FIRST ADMITTED TO ANY HOSPITAL.			OTHER ADMISSIONS.			TOTALS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Massachusetts (by counties): —									
Middlesex,	64	64	128	13	22	35	77	86	163
Norfolk,	4	2	6	2	4	6	6	6	12
Suffolk,	2	7	9	2	7	9	4	14	18
Worcester,	124	101	225	24	22	46	148	123	271
Totals,	194	174	368	41	55	96	235	229	464
Cities or large towns (10,000 or over),	138	144	282	32	46	78	170	190	360
Country districts (under 10,000), .	56	30	86	9	9	18	65	39	104

6. — *Civil Condition of Insane Persons first admitted to Any Hospital.*

	Males.	Females.	Totals.
Unmarried,	94	64	158
Married,	76	65	141
Widowed,	15	41	56
Divorced,	4	3	7
Totals,	189	173	362
Unknown,	5	1	6
Totals,	194	174	368

7. — *Occupation of Insane Persons first admitted to Any Hospital.*

FEMALES.			
Bookkeeper,	1	Reader,	1
Cashier,	1	Seamstresses,	3
Clerks,	3	Stenographers,	2
Cooks,	2	Tailoress,	1
Domestics,	36	Teacher,	1
Dressmakers,	2	Waitress,	1
Housekeepers,	8	No occupation,	37
Housewives,	51	Total,	170
Inspector,	1	Unknown,	4
Laundress,	1	Total,	174
Nurses,	3		
Operatives,	15		

MALES.			
Baker,	1	Engineers,	2
Barber,	1	Farmers,	10
Blacksmith,	1	Firemen,	4
Bookbinder,	1	Furrier,	1
Brakeman,	1	Gardener,	1
Cabinet makers,	2	Janitor,	1
Carpenters,	9	Laborers,	50
Carriage maker,	1	Locksmith,	1
Chauffeur,	1	Lumberman,	1
Clerks,	8	Machinists,	8
Coachman,	1	Masons,	2
Comb maker,	1	Mechanics,	3
Contractor,	1	Merchant,	1
Cook,	1	Motorman,	1

7. — *Occupation of Insane Persons first admitted to Any Hospital — Concluded.*MALES — *Concluded.*

Musicians,	2	Tailors,	2
Newspaperman,	1	Teacher,	1
Operatives,	25	Teamsters,	2
Painters,	2	Timekeeper,	1
Pattern makers,	2	Upholsterer,	1
Piano action maker,	1	Waiters,	5
Plumber,	1	Watchman,	1
Printers,	2	Watch repairer,	1
Real estate dealer,	1	No occupation,	14
Shipper,	1	Total,	187
Soldiers,	2	Unknown,	7
Storekeeper,	1	Total,	194
Students,	2		

8. — *Ages of Insane at First Attack, Admission and Death.*

AGES.	FIRST ADMITTED TO ANY HOSPITAL.						DIED.					
	AT FIRST ATTACK.			WHEN ADMITTED.			AT FIRST ATTACK.		AT TIME OF DEATH.			
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Congenital,	13	12	25	—	—	—	2	1	3	—	—	—
15 years and less,	—	—	—	—	—	—	—	—	—	—	—	—
From 15 to 20 years,	9	8	17	9	7	16	—	—	—	—	—	—
20 to 25 years,	20	13	33	24	12	36	1	—	—	—	—	—
25 to 30 years,	24	17	41	29	10	39	1	1	2	—	—	—
30 to 35 years,	18	15	33	17	20	37	5	4	9	—	1	1
35 to 40 years,	13	15	28	18	18	36	5	4	9	4	—	4
40 to 50 years,	29	31	60	36	40	76	14	10	24	3	3	6
50 to 60 years,	19	20	39	20	21	41	18	4	22	15	11	26
60 to 70 years,	23	14	37	20	23	43	20	11	31	24	5	34
70 to 80 years,	12	14	26	16	15	31	8	14	22	13	13	26
Over 80 years,	2	4	6	4	7	11	1	4	5	2	13	15
Totals,	182	163	345	193	173	366	75	56	131	76	56	132
Unknown,	12	10	22	1	—	1	1	—	1	—	—	—
Not insane,	—	1	1	—	1	1	—	—	—	—	—	—
Totals,	194	174	368	194	174	368	76	56	132	76	56	132
Mean known ages (in years),	41.42	42.81	42.08	42.41	46.49	44.34	54.17	56.35	55.53	58.59	64.48	61.09

10. — Probable Duration of Mental Disease before Admission.

PREVIOUS DURATION.	FIRST ADMITTED TO ANY HOSPITAL.		
	Males.	Females.	Totals.
Congenital,	13	12	25
Under 1 month,	35	12	47
From 1 to 3 months,	29	25	54
3 to 6 months,	23	16	39
6 to 12 months,	20	16	36
1 to 2 years,	20	7	27
2 to 5 years,	25	35	60
5 to 10 years,	4	20	24
10 to 20 years,	7	16	23
Over 20 years,	5	4	9
Totals,	181	163	344
Unknown,	13	10	23
Not insane,	—	1	1
Totals,	194	174	368
Average known duration (in years), .	4.50	5.60	5.04

11. — Form of Mental Disease in Patients admitted from the Community, discharged, with Condition on Discharge, or died — Concluded.

FORM OF DISEASE.	COMMITTED.			DISCHARGED.												TOTAL DISCHARGES AND DEATHS.								
	Males.	Females.	Totals.	RECOVERED.			CAPABLE OF SELF-SUPPORT.			IMPROVED.			NOT IMPROVED.						NOT INSANE.			DEATHS.		
				Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.				Males.	Females.	Totals.			
B.—Other admissions — <i>Con.</i>																								
Toxic insanity, acute: —																								
Hallucinos.	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Traumatic insanity.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Unclassified depression.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Totals.	42	56	98	5	8	13	12	12	24	12	5	17	8	7	15	—	—	—	44	38	82			
Aggregate cases.	236	230	466	25	21	46	46	34	80	50	28	78	51	40	91	—	1	1	248	180	428			
Aggregate persons.	235	229	464	25	21	46	46	34	80	50	28	78	51	40	91	1	1	1	248	180	428			

12. — Discharges of the Insane, classified by Admission and Result.

NUMBER OF THE ADMISSION.	RECOVERED.			CAPABLE OF SELF-SUPPORT.			IMPROVED.			NOT IMPROVED.			NOT INSANE.			DIED.			AGGREGATES.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
First to this hospital, . . .	22	16	38	41	25	66	43	25	68	47	35	82	-	1	1	70	53	123	223	155	378
Second to this hospital, . . .	1	3	4	3	4	7	7	2	9	4	3	7	-	-	-	6	1	7	21	13	34
Third to this hospital, . . .	1	2	3	1	3	4	-	-	-	-	2	2	-	-	-	-	1	1	2	8	10
Fourth to this hospital, . . .	1	-	1	-	2	2	-	-	-	-	-	-	-	-	-	-	1	1	1	3	4
Sixth to this hospital, . . .	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Thirteenth to this hospital, . . .	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	1	1
Total cases, . . .	25	21	46	46	34	80	50	28	78	51	40	91	-	1	1	76	56	132	248	180	428
Total persons, . . .	25	21	46	46	34	80	50	28	78	51	40	91	-	1	1	76	56	132	248	180	428
First admitted to any hospital, . . .	20	13	33	34	22	56	38	23	61	43	33	76	-	1	1	69	50	119	204	142	346

EIGHTY-FOURTH ANNUAL REPORT
OF
THE TRUSTEES
OF THE
WORCESTER STATE HOSPITAL
FOR THE
YEAR ENDING NOVEMBER 30, 1916.



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The Commonwealth of Massachusetts.

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

The trustees of the Worcester State Hospital herewith present their eighty-fourth annual report, and respectfully call your attention to the appended reports of the superintendent, treasurer and pathologist, which furnish a more complete understanding of the condition and needs of the institution and its inmates.

Last year we presented the need of a laundry and industrial building which would bring the equipment of the institution more thoroughly up to date and allow the present laundry to be converted into a congregate dining room, thereby doing away with a large number of small ward dining rooms, and providing additional space for dormitory purposes.

We asked for appropriations to construct two cottages and two bungalows, that service at the hospital might be strengthened through greater possibilities for home life on the part of men with families.

We again renewed our request for the installation of a cold-storage plant, and we emphasized a solution of the sewage problem.

While these needs are even more urgent than at any time in the history of the institution, we hold in abeyance the continued presentation of all except that which relates to sewage disposal.

The Legislature of 1916, according to Special Acts, chapter 363, endeavored to meet this particular need; but the proponent of the measure having failed to thoroughly acquaint himself with the situation before presenting his petition, the appropriation granted was too small and the time limit too short to make

compliance with the act possible. We therefore urge most strongly that you lend your influence towards the passage of the bill which is to be presented to the Legislature of 1917, and which, without doubt, will cover the whole situation.

A need that has existed for some time, but which we have attempted to meet by degrees through our allowance for repairs and improvements, is the renewal of plumbing in the main building at the hospital proper.

The constant use of the water sections and their manner of treatment by irresponsible persons cause rapid deterioration. Many sections are still fitted with antiquated conveniences and further depreciation might become a menace to the health of the inmates. This need which is most insistent we recommend to your thoughtful consideration.

For many years the institution has owned a farm of some 130 acres in the town of Shrewsbury. At a distance from the center it has provided an ideal place for the hospital's swine and poultry. It is there that the non-milk producing herd is kept.

For a great many years no money has been expended at Hill-side except for minor improvements and repairs. Last year, at the request of the State Board of Insanity, the Legislature appropriated the sum of \$20,000 for the construction of a building to house 50 male patients; this is rapidly nearing completion and, when finished, 50 patients, besides employees, will be located there.

This increase of population makes an adequate water supply and facilities for the proper disposal of sewage an immediate necessity. We therefore recommend this need to your earnest consideration.

A certain proportion of our patients who pass to the great beyond are buried at the expense of the State, and the present capacity of the hospital's burial lot at Hope Cemetery is inadequate for the needs of even the immediate future. We therefore urge your approval of the purchase of additional land, that a final resting place for these poor unfortunates may be assured.

The expense of maintaining the State's institutions has assumed such proportions that it is with some hesitancy that we mention the question of wages and salaries.

Institution labor is brought into competition with that in the

outside world, and our inability to meet the rate of wages paid by private enterprises, or in certain instances with that paid in other State institutions, makes the securing and retaining of employees more and more difficult. We beg that you will use your influence towards a satisfactory adjustment of this problem.

Changes occur annually in our medical staff, but the year that is past has witnessed an unusual number of resignations. The more attractive service of a general hospital, larger pay and greater opportunity for advancement have been the reasons given.

Among the resignations of the year which we have accepted with regret was that of Miss Elsie I. MacKenzie, superintendent of nurses, a woman eminently qualified for the position, and who through wise direction brought the nursing force of the institution up to a higher standard of efficiency. The call to preside over a home of her own made it impossible to retain her services for a longer period.

For two years we have sought an increase in the salary of our superintendent, a man of rare skill and judgment, who for more than thirty-two years has served the best interests of the State. We trust the time is near at hand when his ability can and will be recognized by an advance equal to that given men of many years' less service.

To our superintendent we say, "Well done, good and faithful servant;" to the members of his staff and to those who in any capacity have been associated with the institution we express our appreciation of the services they have rendered.

Respectfully submitted,

DONALD GORDON.
ELLEN A. SHEEHAN.
GEORGIE A. BACON.
WILLIAM J. DELEHANTY.

AMOS B. CHASE.
JOHN G. PERMAN.

SUPERINTENDENT'S REPORT.

To the Trustees of the Worcester State Hospital.

I herewith respectfully submit the following report of the hospital for the year ending Nov. 30, 1916, it being the eighty-fourth annual report.

There remained at the hospital Oct. 1, 1915, 1,459 patients, — 715 men and 744 women. During the year ending Sept. 30, 1916, there were admitted 872 patients, — 517 men and 355 women. Eight hundred and twenty-seven patients — 432 men and 395 women — were dismissed from the hospital. Of this number, 322 patients — 203 men and 119 women — were discharged; 231 patients — 112 men and 119 women — died; 95 patients — 13 men and 82 women — were transferred; and 175 patients — 101 men and 74 women — left on visit or escape; leaving at the end of the statistical year, 1,504 patients — 800 men and 704 women. Of this number, 1,301 were supported by the State, 110 by friends, and 93 as reimbursing patients. Of the 417 patients discharged and transferred, 43 were reported recovered, 91 capable of self-support, 65 improved and 100 not improved. Fourteen men and 9 women were discharged as not insane. Seven men and 12 women were transferred by the Massachusetts Commission on Mental Diseases to the State Infirmary; 1 woman to the Danvers State Hospital; 2 men to the Boston State Hospital; 30 women to the Grafton State Hospital; 1 woman to Dr. Ring's Sanitarium; 1 man and 1 woman to the Foxborough State Hospital; 1 man and 35 women to the Gardner State Colony; 1 man to the School for Feeble-minded; 1 man to Pinewood Rest; 1 woman to the Westborough State Hospital; and 1 woman to the Medfield State Hospital. Thirteen men and 4 women were removed from the State; and 18 men and 8 women were deported.

There remained at the end of the year 45 patients more than at the beginning. The smallest number under treatment on any

one day was 1,459, and the largest, 1,539. The daily average number was 1,504.87.

The percentage of recoveries, calculated upon the number of discharges and deaths, was 7.7; calculated upon the number of admissions it was 4.9.

The death rate was 9.9, calculated on the whole number of patients under treatment, and 15.3, calculated on the daily average number.

In considering the movement of the hospital population it is of interest to note that 872 patients were admitted, 517 men and 355 women, and that the men were largely in excess of the women. The number of admissions is the largest of any year in the history of the institution. Considering the forms of mental disease in those admitted for the first time, we find dementia præcox largely predominates, followed by organic and senile dementia, general paralysis and manic-depressive insanity, given in the order of frequency. It will be noted that considerable numbers of patients have been transferred to other State institutions. The general effect of these transfers, while it lessens the numbers, is to cause an accumulation here of the feeble, the demented and the turbulent. The increase in the temporary-care cases, to which your attention was called in the last report, has continued, the number in this class having nearly doubled within the year. I would again advise that it would be of benefit to the community if the time of detention under this act should be increased to twenty-one days.

Alcohol and syphilis are as usual prominent exciting causes in the cases admitted, showing the necessity of continued public agitation and education on these subjects.

Pellagra is a little more in evidence, this disease having been found in 3 patients newly admitted from the community. Four cases of death were due to this cause.

There have been no cases of contagious disease among the patients, which is rather remarkable when we come to consider the large numbers admitted and that by far the greatest number come from the more congested centers of population. The sanitary condition of the institution is good. Pneumonia, heart disease and general paralysis have been the chief causes of death.

Our nurses' training school has lost its superintendent, Miss

MacKenzie, who resigned her position to marry and retire to private life. Her work here was appreciated and I wish to express my regret at her retirement from the service. The vacancy was filled by the promotion of the assistant superintendent of nurses, who enters upon her larger field of work with a good equipment and every promise of success. The year has been an active one in our training course. The members of the school have been diligent and efficient and I wish to commend their good and capable work. The affiliation with the New York hospitals has added to the interest in the nursing course and has done much to encourage our nurses and to retain them in the service.

Considerable difficulty has been experienced in securing and retaining in the hospital service not only nurses and attendants but all classes of persons employed at the institution. The prevailing wage of the community has been so much at variance with the compensation offered for hospital service that I wonder that it has been possible to find persons in numbers sufficient to conduct the affairs of the institution.

The therapeutic industrial work has been continued. Large numbers of patients have been interested in employing themselves and thus directing their minds to a contemplation of more normal thoughts and activities. Our products have been placed in several exhibitions in different parts of the country, where they have attracted favorable notice from the community. Our pottery work, done wholly by patients, has reached quite a high state of proficiency, many of the articles produced being justly entitled to consideration as works of art of no mean value. The conception under which this therapeutic work is undertaken rather precludes the turning out of large quantities of manufactured articles, as a great part of the effort is absorbed in the attempt to interest the apathetic and demented, — particularly the re-education of the dementia præcox cases. It is my idea that the success of this work should be judged by the amount of good which has been done for the patients, rather than by the number of bales of finished goods turned out. It is left for the regular manufacturing departments of the institution to turn out the routine products.

The transfers to the Gardner State Colony absorb to some

extent the quiet and tractable cases from which we might hope to recruit the ranks in our regular manufacturing departments, and thus assist to curtail the output. Despite this fact, however, the regular industries of the matron's department contribute in no small measure to lessen the expense of maintenance.

I wish to commend the work of the medical staff, the members of which, although a large part of the time working short-handed, have given a painstaking care and attention to the needs of our patients that has done much in many instances for those under treatment. Special attention has been given to the treatment of syphilis of the nervous system. A series of 15 cases has been treated with injections of salvarsan. In many instances the improvement has been marked. Five of these cases have normal reactions and have been able to leave the hospital on visit or have returned to regular employment. The type of disease which these cases have represented has formerly been considered of the most hopeless character, and it is a cause of congratulation that some hope can now be given to those suffering from this affliction. Through the activities of the staff permission for autopsy has been obtained in a larger number of cases than ever before, and the staff members have shown a lively interest in the scientific study of their cases. A large amount of work has been done in the laboratory in the examination of clinical specimens and in the study of diseased conditions. The report of the pathologist is appended, which gives a more detailed description of the laboratory activities.

In addition to the regular work of the institution the medical staff has visited and examined the boarded-out patients and conducted regular clinics for out-patients at the hospital, at City Hall and at Spencer.

I regret that it has not been possible to accord to the members of the staff such increase in compensation as would bring their salaries more nearly to a parity with what is paid in other States. Several members of my staff resigned during the year to accept more lucrative positions elsewhere. It is in some measure a satisfaction to feel that the institution has in its employ physicians of such character and capacity that they are sought for by other hospitals, but it would certainly be an

added satisfaction to be able to offer such substantial recognition here as to keep men of capacity and experience longer in the service.

There is no more arduous or difficult task in the service of the Commonwealth than that which is entailed in the proper care and treatment of the insane. In all branches of the service it is difficult to obtain and still more difficult to retain capable and efficient persons at the compensation which the institution management is able to offer. I trust that the appropriations of the coming year will be sufficiently liberal to bring the compensation of our employees generally to such an amount as will in some measure keep pace with the generally increased cost of living.

The farming operations have again proved profitable, both in a financial way and in providing suitable healthy out-of-door occupation for the more robust of our male inmates. For a considerable time following the loss of our herd from the foot-and-mouth disease it was found necessary to buy a large part of our milk supply. During the summer we have been able to make good the numbers of our cattle, though it has been necessary to buy grade stock largely. Very good animals have been secured, however, and now practically all of the milk used here is produced on the place, a fact which is a cause for self-congratulation in these times of high and advancing milk prices.

Last year the Legislature granted an appropriation for the erection of a dormitory building at the Hillside farm. This building is now in process of construction, and will probably be available for use some time next spring. The erection of this building will necessitate the provision of a water supply which will not only furnish water for domestic use but also prove adequate for fire protection. The number of people at the Hillside farm has been so small in the past that quite primitive methods of sewage disposal have sufficed. Now, however, with the proposed large addition to the population there some method of sewage purification must be provided which will be adequate to the new requirements. Again, when this new building is occupied, more employees will be required there than provision has been made for. Plans for the housing of the additional persons should be made at as early a date as possible. The com-

pletion of the building now under construction will enable us to undertake farming operations at Hillside on a larger scale than has hitherto been attempted there.

In considering the special needs of the institution for the coming year, in addition to the work pointed out at Hillside, I wish to reiterate all of the requests embodied in the last annual report which were not granted. I will also call your attention to the large amount of plumbing which should be renewed in certain of our wards. This work is too extensive to be undertaken from maintenance, and in my opinion should be provided for by special appropriation.

The connection of the hospital sewers with the system of the city of Worcester, which for so many years has annually figured in our hospital reports, although authorized by the last Legislature, failed of accomplishment because the money appropriated was insufficient for the work. I trust that the next Legislature will re-enact the bill, correcting the financial insufficiency.

The institution has owned a lot in Hope Cemetery where are interred all bodies of patients dying here who must have State burial. This lot is now filled and it will be necessary to at once provide additional burial space. I trust that the purchase of a new lot at the cemetery will be authorized at as early a date as possible.

Regular religious services have been held in the chapel.

The usual weekly dances, movies and miscellaneous chapel entertainments have served to amuse the patients. Another phonograph and a new piano have been purchased for use in the wards.

The publishers of the "Fitchburg Sentinel" and the "Worcester Evening Gazette" have continued to contribute copies of their papers, and the Worcester Employment Society has given assistance in sewing.

I wish to thank your Board for the kindly support and consideration which has always so freely been given to me, and to express my appreciation of the faithful service of officers and employees.

E. V. SCRIBNER,

Superintendent.

LABORATORY REPORT.

To the Superintendent of the Worcester State Hospital.

The report of the laboratory for the year Oct. 1, 1915, to Sept. 30, 1916, is herewith respectfully submitted.

The following routine work has been completed: —

Urinalyses,	1,141
Cerebrospinal fluid examinations,	185
Post mortem cultures,	496
Smears from post-mortem cultures,	172
Sputum examinations,	88
Throat cultures,	15
Smears from throat,	2
Pleural exudate,	1
Blood examinations,	45
Stomach contents,	11
Fecal examinations,	13
Vaginal smears,	22
Cervical smears,	5
Abscess cultures,	2
Abscess smears,	8
Ear smears,	2
Eye smears,	1
Animal inoculation,	1
<hr/>	
Total,	2,210

Between the dates above noted, 85 autopsies were performed, representing 36.8 per cent. of the deaths during this period.

The psychiatric diagnoses in the cases were as follows: —

Senile dementia,	26
Senile paranoid condition,	1
Organic dementia,	16
General paralysis,	12
Cerebrospinal syphilis,	1
Brain tumor,	1
Alcoholic deterioration with senile changes,	1

Acute alcoholic hallucinosis,	1
Alcoholic paranoid condition,	1
Imbecility,	1
Idiocy,	1
Toxic psychosis,	1
Traumatic delirium,	1
Dementia præcox,	15
Manic-depressive insanity,	5
General paralysis (?), dementia præcox (?),	1
Total,	85

The major anatomical diagnoses were:—

Tuberculosis,	3
Tubercular pneumonia,	3
Acute bronchitis,	7
Bronchopneumonia,	15
Lobar pneumonia,	10
Pulmonary œdema,	3
Pulmonary gangrene,	1
Hematothorax,	1
Myocarditis (syphilitic),	1
Myocardial degeneration,	1
Chronic myocarditis,	1
Coronary sclerosis,	2
Arteriosclerosis,	5
Pulmonary thrombosis,	1
Pyelonephrosis,	1
Acute hemorrhagic pancreatitis,	1
Acute enteritis,	1
Colitis,	3
Acute peritonitis,	3
General paralysis,	3
Tabo-paresis,	1
Organic brain disease,	2
Cerebral hemorrhage,	2
Meningitis (pellagra),	1
Fractured skull,	1
Pellagra,	4
Erysipelas,	1
Septicæmia,	1
Carcinoma,	3
Katatonic exhaustion,	1
Asphyxiation,	2
Total,	85

In addition to the routine work of the laboratory, two other phases should be mentioned. The first is systematization of material, and the second is the publication of results.

Under the first may be noted the following:—

A card index of the clinical symptoms in about 500 autopsied cases has been completed. Various pathological specimens have been mounted. The microscopic slides since the beginning of the laboratory have been systematized so that comparative studies will be possible in the future. The brains of the past years have been stored in crocks for easy access.

Under the second may be grouped the following:—

A study of the staining reactions possible on frozen sections is near completion. A method has been devised for making serial micro-photographs. A freezing microtome disc for total brain section and other large sections of tissue was invented. A photographic record of the external appearance of the brains from the autopsies of 1915 has been completed. Nurses working in the laboratory during spare time have prepared brains for photographing, and have completed figures and percentage comparison of the weights of the organs in 35 autopsies. The routine bacteriological diagnosis was instituted and carried out on about 65 cases. This work had to be discontinued, as it required the entire time of one person. A translation of Kraepelin's "Paranoid Conditions" was published. A case of brain tumor was presented, and proof has been corrected for publication. A case of general paresis was presented at a meeting on neurosyphilis. Two papers on the relation of tuberculosis to dementia præcox are in the hands of the publishers. The abstracts of several other contributions, based on the work of the past year have been written.

Two autopsies were performed and one body viewed, as prosector, to the Massachusetts Commission on Mental Diseases.

Presentations at the literary meetings of the staff and lectures to nurses completed the work of the year.

Attendance at autopsies by the physicians and student nurses and by physicians from outside the hospital demonstrates an active interest in the work of the laboratory, and is greatly appreciated by the laboratory staff.

H. I. GOSLINE, M.D.,

Pathologist.

VALUATION.

Travel, transportation and office expenses,	\$684 00
Food,	5,065 00
Clothing,	10,977 00
Furnishings,	79,949 00
Heat, light and power,	8,704 00
Repairs and improvements	3,623 00
Farm, stable and grounds,	57,211 00
Medical and general care,	15,711 00
Total,	<hr/> \$181,924 00

TREASURER'S REPORT.

To the Trustees of the Worcester State Hospital.

I respectfully submit the following report of the finances of this institution for the fiscal year ending Nov. 30, 1916: —

CASH ACCOUNT.			
Balance Dec. 1, 1915,			\$11,258 21
<i>Receipts.</i>			
<i>Institution Receipts.</i>			
Board of inmates: —			
Private,	\$32,686 89		
Reimbursements, insane,	16,959 73		
		\$49,646 62	
Sales: —			
Food,	\$288 75		
Clothing and materials,	429 56		
Furnishings and household supplies,	148 95		
Medical and general care,	10 50		
Farm and stable: —			
Cows and calves,	\$220 00		
Hides,	91 99		
Ice,	3 00		
Sundries,	46 82		
	361 81		
Repairs, ordinary,	20 74		
		1,260 31	
Miscellaneous receipts: —			
Interest on bank balances,	\$534 86		
Sundries,	68 76		
		603 62	
			51,510 55
Sales, account of industries fund,			216 40
<i>Receipts from Treasury of Commonwealth.</i>			
Maintenance appropriations: —			
Balance of 1915,	\$10,496 74		
Advance money (amount on hand November 30),	25,000 00		
Approved schedules of 1916,	\$340,466 58		
Less returned,	48 00		
		340,418 58	
			375,915 32
Special appropriations,			43 28
Industries fund,			197 09
Total,			\$439,140 85

Payments.

To treasury of Commonwealth: —

Institution receipts,	\$51,510 55
Industries fund,	216 40

Maintenance appropriations: —

Balance November schedule, 1915,	\$21,754 95
Eleven months' schedules, 1916,	340,418 58
November advances,	12,559 33
	<hr/>
	374,732 86

Special appropriations: —

Approved schedules,	43 28
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Industries fund: —

Approved schedules,	197 09
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Balance Nov. 30, 1916: —

In bank,	\$11,621 14
In office,	819 53
	<hr/>
	12,440 67

Total,	\$439,140 85
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MAINTENANCE.

Appropriation, current year,	\$378,462 00
Expenses (as analyzed below),	373,835 67
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Balance reverting to Treasury of Commonwealth,	\$4,626 33
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Analysis of Expenses.

Salaries, wages: —

E. V. Scribner, superintendent,	\$3,000 00
General administration,	37,690 24
Medical service,	14,649 16
Ward service (male),	29,579 09
Ward service (female),	29,314 85
Repairs,	20,446 05
Farm and stable,	11,842 29
Grounds,	1,775 48
	<hr/>
	\$148,297 16

Religious instruction: —

Catholic,	\$600 00
Jewish,	260 00
Protestant,	195 00
	<hr/>
	1,055 00

Travel, transportation and office expenses: —

Advertising,	\$139 89
Automobiles,	2,180 00
Automobile repairs and supplies,	1,241 80
Postage,	661 90
Printing and binding,	589 52
Printing annual report,	263 52
Stationery and office supplies,	982 01
Telephone and telegraph,	863 13
Travel,	1,383 47
Freight,	53 64
	<hr/>
	8,358 88

Amount carried forward,	\$157,711 04
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Amount brought forward, \$157,711 04

Food:—

Butter,	\$5,157 95
Butterine,	5,846 43
Beans,	1,518 64
Bread, crackers, etc.,	205 45
Canned soups,	15 95
Cereals, rice, meal, etc.,	2,634 79
Cheese,	676 27
Eggs,	6,609 08
Flour,	12,122 18
Fish (fresh, cured and canned),	3,027 53
Fruit (fresh),	1,410 05
Fruit (dried and preserved),	1,204 66
Lard and substitutes,	2,363 69
Macaroni and spaghetti,	575 36
Meats,	22,213 13
Milk (fresh and substitutes),	12,064 33
Molasses and syrups,	521 85
Peanut butter, pie filling, etc.,	25
Potatoes,	8,563 67
Seasonings and condiments,	582 57
Sugar,	8,686 44
Tea, coffee, cocoa, etc.,	2,008 37
Vegetables (fresh),	762 91
Vegetables (canned and dried),	632 03
Yeast, baking powder, etc.,	184 14
Freight,	404 87

99,992 59

Clothing and materials:—

Boots, shoes and rubbers,	\$1,425 38
Clothing (outer),	2,024 76
Clothing (under),	625 42
Dry goods for clothing,	1,656 26
Hats and caps,	12 00
Leather and shoe findings,	87 19
Socks and small wares,	514 55
Freight,	48 70

6,394 26

Furnishings and household supplies:—

Beds, bedding, etc.,	\$8,556 18
Carpets, rugs, etc.,	1,681 89
Crockery, glassware, cutlery, etc.,	1,586 11
Dry goods and smallwares,	440 27
Fire hose and extinguishers,	34 00
Furniture, upholstery, etc.,	1,657 12
Kitchen and household wares,	2,661 93
Laundry supplies and materials,	2,300 31
Lavatory supplies and disinfectants,	964 05
Machinery for manufacturing,	141 66
Table linen, paper napkins, towels, etc.,	2,402 37
Freight,	91 55

22,517 44

Amount carried forward, \$286,615 33

<i>Amount brought forward,</i>		\$286,615 33
Medical and general care:—		
Books, periodicals, etc.,	\$458 08	
Entertainments, games, etc.,	604 20	
Funeral expenses,	581 00	
Gratuities,	52 65	
Ice and refrigeration,	280 45	
Laboratory supplies and apparatus,	704 59	
Manual training supplies,	575 22	
Medicines (supplies and apparatus),	3,050 78	
Medical attendance (extra),	910 00	
Patients boarded out,	6,052 05	
Return of runaways,	155 93	
Sputum cups, etc.,	19 00	
Tobacco, pipes, matches,	1,354 00	
Water,	6,513 31	
Freight,	83 78	
		21,395 04
Heat, light and power:—		
Coal,	\$32,014 47	
Electricity,	287 04	
Gas,	611 47	
Oil,	217 56	
Operating supplies for boilers and engines,	335 45	
Freight,	6 76	
		33,472 75
Farm and stable:—		
Bedding materials,	\$122 86	
Blacksmithing and supplies,	532 84	
Carriages, wagons and repairs,	707 56	
Dairy equipment and supplies,	92 14	
Fencing materials,	82 73	
Fertilizers,	409 47	
Grain, etc.,	6,559 51	
Harnesses and repairs,	313 06	
Horses,	600 00	
Cows,	6,705 00	
Other live stock,	317 38	
Labor (not on pay roll),	138 80	
Spraying materials,	77 86	
Stable and barn supplies,	233 23	
Tools, implements, machines, etc.,	548 95	
Trees, vines, seeds, etc.,	201 65	
Veterinary services, supplies, etc.,	507 23	
Freight,	60 03	
		18,210 30
Grounds:—		
Fertilizers,	\$42 93	
Road work and materials,	192 31	
Tools, implements, machines, etc.,	91 65	
Trees, vines, shrubs, seeds, etc.,	121 36	
Freight,	2 74	
		450 99
<i>Amount carried forward,</i>		\$360,144 41

Amount brought forward, \$360,144 41

Repairs, ordinary:—

Brick,	\$177 75	
Cement, lime, crushed stone, etc.,	342 32	
Electrical work and supplies,	891 69	
Hardware, iron, steel, etc.,	1,483 47	
Labor (not on pay roll),	158 96	
Lumber, etc. (including finished products),	2,766 57	
Paint, oil, glass, etc.,	3,885 32	
Plumbing and supplies,	1,279 95	
Roofing and materials,	940 85	
Steam fittings and supplies,	870 93	
Tools, machines, etc.,	274 31	
Boilers, repairs,	498 15	
Engines, repairs,	85 45	
Freight,	35 54	
		13,691 26

Total expenses for maintenance, \$373,835 67

SPECIAL APPROPRIATIONS.

Balance Dec. 1, 1915,	\$4,000 00
Expended during the year (see statement annexed),	43 28

Balance Nov. 30, 1916, \$3,956 72

RESOURCES AND LIABILITIES.

Resources.

Cash on hand,	\$12,440 67	
November cash vouchers (paid from advance money), account of maintenance,	12,559 33	
Due from treasury of Commonwealth from available appropriation account, November, 1916, schedule,	8,417 09	
		\$33,417 09

Liabilities.

Schedule of November bills,	\$33,417 09
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PER CAPITA.

During the year the average number of inmates has been 1,507.68.

Total cost for maintenance, \$373,835.67.

Equal to a weekly per capita cost of \$4.7683.

Receipt from sales, \$1,260.31.

Equal to a weekly per capita of \$0.016.

All other institution receipts, \$50,250.24.

Equal to a weekly per capita of \$0.6409.

INDUSTRIES FUND.

Balance Dec. 1, 1915,	\$23 81
Receipts credited,	216 40
	\$240 21

Expenditures, approved schedules (see statement annexed), . . . \$197 09

Balance Nov. 30, 1916, 43 12

\$240 21

Special Appropriations.

OBJECT.	Act or Resolve.	Whole Amount.	Expended during Fiscal Year.	Expended to Date.	Balance at End of Year.
Sewerage system,	Acts 1916, chap. 363	\$4,000 00	\$43 28	\$43 28	\$3,956 72
		\$4,000 00	\$43 28	\$43 28	\$3,956 72

Respectfully submitted,

E. V. SCRIBNER,
Treasurer.

Examined and found correct as compared with the records in the office of the Auditor of the Commonwealth.

ALONZO B. COOK,
Auditor.

STATEMENT OF FUNDS.

PATIENTS' FUND.

Balance on hand Nov. 30, 1915,	\$4,628 80	
Receipts,	3,964 10	
Interest,	152 07	
	<hr/>	\$8,744 97
Interest paid to State Treasurer,	\$82 06	
Refunded,	2,778 27	
	<hr/>	2,860 33
		<hr/>
		\$5,884 64

Investment.

Worcester County Institution for Savings,	\$2,000 00	
Worcester Five Cents Savings Bank,	1,000 00	
Worcester Mechanics Savings Bank,	1,000 00	
Balance Worcester National Bank,	1,663 99	
Cash on hand Dec. 1, 1916,	220 65	
	<hr/>	\$5,884 64

LEWIS FUND.

Balance on hand Nov. 30, 1915,	\$1,519 63	
Income,	57 90	
	<hr/>	\$1,577 53
Expended for books, etc.,	8 00	
	<hr/>	\$1,569 53

Investment.

American Telephone and Telegraph Company collateral trust 4 per cent bond, 1929,	\$926 36	
Worcester County Institution for Savings,	349 44	
Balance Worcester National Bank,	293 73	
	<hr/>	\$1,569 53

WHEELER FUND.

Balance on hand Nov. 30, 1915,	\$5,573 39	
Income,	246 90	
	<hr/>	\$5,820 29
Expended for books, etc.,	106 94	
	<hr/>	\$5,713 35

Investment.

6 shares Worcester National Bank,	\$1,002 00	
American Telephone and Telegraph Company collateral trust 4 per cent bond, 1929,	712 50	
Worcester County Institution for Savings,	1,632 00	
Worcester Five Cents Savings Bank,	1,753 85	
Mechanics Savings Bank,	195 42	
Balance Worcester National Bank,	417 58	
	<hr/>	\$5,713 35

MANSON FUND.

Balance on hand Nov. 30, 1915,	\$1,411 72	
Income,	57 00	
	<hr/>	\$1,468 72
Expended for entertainments, etc.,	158 25	
		<hr/>
		\$1,310 47

Investment.

Worcester County Institution for Savings,	\$1,310 47
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Respectfully submitted,

E. V. SCRIBNER,

Treasurer of the Corporation.

Nov. 30, 1916.

N. B. — The values assigned to the above securities are their respective purchase prices.

STATISTICAL TABLES.

[FORM PRESCRIBED BY STATE BOARD OF INSANITY.]

1. — General Statistics of the Year.

	INSANE.			VOLUNTARY SANE.			TEMPORARY CARE.			INEBRIATES.			AGGREGATES.		
	Males.	Fe- males.	Totals.	Males.	Fe- males.	Totals.	Males.	Fe- males.	Totals.	Males.	Fe- males.	Totals.	Males.	Fe- males.	Totals.
Patients under care Sept. 30, 1915,															
In hospital,	710	743	1,453	1	-	1	4	1	5	715	744	1,459			
In family care,	708	698	1,406	1	1	2	4	1	5	713	699	1,412			
Viz.: regularly committed,	2	45	47	-	-	-	-	-	-	2	45	47			
emergency,	710	743	1,453	-	-	-	-	-	-	710	743	1,453			
voluntary,	1	7	8	1	-	1	-	-	-	2	7	9			
temporary care,	-	-	-	-	-	-	4	1	5	4	1	5			
Admitted within the year,	477	337	814	-	-	-	37	18	55	517	355	872			
Viz.: by regular commitment,	391	270	661	-	-	-	-	-	-	394	270	664			
emergency,	4	4	8	-	-	-	-	-	-	4	4	8			
voluntary,	-	-	-	-	-	-	37	18	55	37	18	55			
temporary care,	-	-	-	-	-	-	14	7	21	14	7	21			
viz.: observation,	-	-	-	-	-	-	23	11	34	23	11	34			
others,	3	7	10	-	-	-	-	-	-	3	7	10			
by transfer,	12	8	20	-	-	-	-	-	-	12	8	20			
from visit,	5	-	5	-	-	-	-	-	-	5	-	5			
from escape,	62	48	110	-	-	-	-	-	-	62	48	110			
Nominal admissions for discharge,	53	48	101	-	-	-	-	-	-	53	48	101			
Viz.: from visit,	9	9	18	-	-	-	-	-	-	9	9	18			
from escape,	1,187	1,080	2,267	1	1	2	41	19	60	1,232	1,099	2,331			
Whole number of cases within the year,	393	380	773	1	1	2	38	15	53	432	395	827			
Dismissed within the year,	170	109	279	1	1	2	32	10	42	203	119	322			
Viz.: discharged,	20	9	29	-	-	-	12	2	14	32	11	43			
as recovered,	50	35	85	-	-	-	5	1	6	55	36	91			
as capable of self-support,	39	24	63	-	-	-	2	1	3	41	24	65			
as improved,	54	37	91	-	-	-	7	2	9	61	39	100			
as not improved,	7	11	18	-	-	-	6	5	11	14	9	23			
as not insane,	109	116	225	1	1	2	3	3	6	112	119	231			
died,	13	81	94	-	-	-	-	-	-	13	81	94			
transferred,	17	4	21	-	-	-	-	-	-	17	4	21			
escaped,	84	70	154	-	-	-	-	-	-	84	70	154			
on visit Oct. 1, 1916,	-	-	-	-	-	-	3	1	4	3	1	4			
Nominal dismissals for commitment,	-	-	-	-	-	-	-	-	-	-	-	-			

1 Includes 1 female nominally admitted to be transferred.

1. — General Statistics of the Year — Concluded.

	INSANE.			VOLUNTARY SANE.			TEMPORARY CARE.			INEBRIATES.			AGGREGATES.		
	Males.	Fe- males.	Totals.	Males.	Fe- males.	Totals.	Males.	Fe- males.	Totals.	Males.	Fe- males.	Totals.	Males.	Fe- males.	Totals.
Patients under care Sept. 30, 1916,															
In hospital,	794	700	1,494	-	-	-	3	4	7	3	-	-	800	704	1,504
In family care,	793	694	1,447	-	-	-	3	4	7	3	-	-	799	698	1,457
Viz.: regularly committed,	1	46	47	-	-	-	-	-	-	-	-	-	1	46	47
emergency,	793	695	1,488	-	-	-	-	-	-	-	-	-	796	695	1,491
voluntary,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
temporary care,	1	5	6	-	-	-	-	-	-	-	-	-	1	5	6
supported as State patients,	723	568	1,291	-	-	-	3	4	7	-	-	-	3	4	7
as reimbursing patients,	30	63	93	-	-	-	3	4	7	3	-	-	729	572	1,301
as private patients,	41	69	110	-	-	-	-	-	-	-	-	-	30	63	93
Number of different persons within the year,	1,120	1,025	2,145	-	-	-	30	17	47	-	-	-	41	69	110
Number of different persons admitted,	413	286	699	1	-	1	30	18	48	3	-	3	1,154	1,042	2,196
Number of different persons admitted from the community,	394	272	666	-	-	-	30	14	44	3	-	-	424	289	713
Number of different persons dismissed,	330	331	661	1	-	1	30	13	43	-	-	-	361	344	705
Number of different persons dismissed to the community,	318	250	568	1	-	1	11	2	13	-	-	-	349	262	611
Number of different persons recovered,	20	9	29	-	-	-	-	-	-	-	-	-	31	11	42
Number of different persons capable of self-support,	49	35	84	-	-	-	5	1	6	-	-	-	54	36	90
Daily average number in the hospital,	776.04	673.50	1,449.54	-	-	-	3.89	1.72	5.61	.17	-	.17	780.10	675.22	1,455.32
Daily average number in family care,	1.35	48.20	49.55	-	-	-	-	-	-	-	-	-	1.35	48.20	49.55
Daily average number under care,	777.39	721.70	1,499.09	-	-	-	3.89	1.72	5.61	.17	-	.17	781.45	723.42	1,504.87
Viz.: State patients,	701.36	588.97	1,290.33	-	-	-	3.89	1.72	5.61	.17	-	.17	705.42	590.69	1,296.11
reimbursing patients,	33.22	64.83	98.05	-	-	-	-	-	-	-	-	-	33.22	64.83	98.05
private patients,	42.81	67.90	110.71	-	-	-	-	-	-	-	-	-	42.81	67.90	110.71
Whole number of voluntary admissions,	-	-	-	-	-	-	-	-	-	-	-	-	5	4	9
Daily average number of voluntary patients,	-	-	-	-	-	-	-	-	-	-	-	-	1.82	4.88	6.70
Whole number of temporary-care admissions,	-	-	-	-	-	-	-	-	-	-	-	-	101	42	143
Daily average number of temporary-care patients,	-	-	-	-	-	-	-	-	-	-	-	-	3.89	1.72	5.61

2. — *Family-Care Department.*

	Males.	Females.	Totals.
Remaining Sept. 30, 1915,	2	45	47
Admitted within the year,	1	33	34
Whole number of cases within the year,	3	78	81
Dismissed within the year,	2	32	34
Viz.: returned to institution,	2	27	29
discharged,	—	2	2
died,	—	—	—
visit,	—	1	1
escaped,	—	2	2
Remaining Sept. 30, 1916,	1	46	47
Supported by the State,	—	37	37
Private,	—	5	5
Self-supporting,	1	4	5
Number of different persons within the year, . .	2	73	75
Number of different persons admitted,	1	31	32
Number of different persons dismissed,	2	28	30
Daily average number,	1.35	48.20	49.55
State,	91	39.58	40.49
Private,	—	3.92	3.92
Self-supporting,	44	4.70	5.14

3. — *Insane received on First and Subsequent Commitment.*

NUMBER OF THE COMMITMENT.	CASES COMMITTED.		
	Males.	Females.	Totals.
First to this hospital,	364	238	602
Second to this hospital,	25	23	48
Third to this hospital,	4	8	12
Fourth to this hospital,	1	2	3
Fifth to this hospital,	1	1	2
Eleventh to this hospital,	—	1	1
Fifteenth to this hospital,	—	1	1
Total cases,	395	274	669
• Total persons,	394	272	666
Never before in any hospital for the insane, . .	327	203	530

4. — *Nativity and Parentage of Insane Persons first admitted to Any Hospital.*

PLACES OF NATIVITY.	MALES.			FEMALES.			TOTALS.		
	Patient.	Father.	Mother.	Patient.	Father.	Mother.	Patient.	Father.	Mother.
Massachusetts,	116	34	40	61	19	20	177	53	60
Other New England States,	25	22	22	15	13	11	40	35	33
Other States,	19	10	14	13	7	7	32	17	21
Total native,	160	66	76	89	39	38	249	105	114
Other countries: —									
Armenia,	2	2	2	—	—	—	2	2	2
At sea,	—	—	—	1	—	—	1	—	—
Austria,	1	1	1	4	4	4	5	5	5
Barbadoes,	—	—	—	2	2	2	2	2	2
Canada,	27	45	41	19	22	23	46	67	64
Cape Verde Islands,	2	2	2	—	—	—	2	2	2
China,	3	3	3	—	—	—	3	3	3
England,	13	16	14	9	13	13	22	29	27
Finland,	8	8	8	3	3	3	11	11	11
Germany,	4	6	7	5	9	7	9	15	14
Greece,	4	4	5	2	2	2	6	6	7
Holland,	—	—	—	—	—	1	—	—	1
Italy,	12	12	12	4	4	4	16	16	16
Ireland,	32	64	64	37	57	57	69	121	121
Japan,	1	1	—	—	—	—	1	1	1
Lithuania,	—	—	—	1	1	1	1	1	1
Madeira Islands,	2	2	2	—	—	—	2	2	2
Malta,	1	1	1	—	—	—	1	1	1
Mexico,	1	1	1	—	—	—	1	1	1
Newfoundland,	1	1	1	—	—	—	1	1	1
New Brunswick,	1	1	2	2	2	2	3	3	4
Norway,	2	3	3	—	1	1	2	4	4
Nova Scotia,	4	6	4	4	5	6	8	11	10
Poland,	5	6	6	2	2	2	7	8	8
Portugal,	—	1	1	—	—	—	—	1	1
Prince Edward Island,	2	3	2	2	2	2	4	5	4
Roumania,	1	—	—	—	—	—	1	—	—
Russia,	22	24	24	8	9	9	30	33	33
Sicily,	—	—	—	1	1	1	1	1	1
Scotland,	3	6	3	1	2	1	4	8	4
Sweden,	8	12	12	4	5	5	12	17	17
Switzerland,	1	1	1	1	1	1	2	2	2
Turkey,	3	3	2	—	—	—	3	3	2
Wales,	—	—	—	—	1	—	—	1	—
West Indies,	—	—	—	1	2	2	1	2	2
Total foreign,	166	235	225	113	150	149	279	385	374
Unknown,	1	26	26	1	14	16	2	40	42
Totals,	327	327	327	203	203	203	530	530	530

5. — *Residence of Insane Persons admitted from the Community.*

PLACES.	FIRST ADMITTED TO ANY HOSPITAL.			OTHER ADMISSIONS.			TOTALS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Massachusetts (by counties): —									
Middlesex,	80	70	150	23	22	45	103	92	195
Norfolk,	5	6	11	—	—	—	5	6	11
Suffolk,	71	40	111	17	18	35	88	58	146
Worcester,	171	87	258	27	29	56	198	116	314
Totals,	327	203	530	67	69	136	394	272	666
Cities or large towns (10,000 or over),	277	179	456	55	55	110	332	234	566
County districts (under 10,000), .	50	24	74	12	14	26	62	38	100

6. — *Civil Condition² of Insane Persons first admitted to Any Hospital.*

	Males.	Females.	Totals.
Unmarried,	151	76	227
Married,	124	84	208
Widowed,	39	40	79
Divorced,	6	2	8
Totals,	320	202	522
Unknown,	7	1	8
Totals,	327	203	530

7. — Occupation of Insane Persons first admitted to Any Hospital.

FEMALES.

Actress,	1	Operatives,	22
Bookbinder,	1	Seamstress,	1
Clairvoyant,	1	Stenographers,	2
Clerks,	2	Students,	2
Cook,	1	Tailoress,	1
Domestics,	36	Teachers,	2
Dressmakers,	4	Waitresses,	3
Housekeepers,	9	No occupation,	45
Housewives,	67	Total,	202
Laundress,	1	Unknown,	1
Nurse,	1	Total,	203

MALES.

Accountant,	1	Chemist,	1
Actor,	1	Cigar maker,	1
Agents,	2	Clergyman,	1
Artists,	2	Clerks,	10
Bakers,	3	Cobbler,	1
Barbers,	4	Contractor,	1
Bartender,	1	Coopers,	2
Blacksmiths,	2	Coremaker,	1
Bookbinder,	1	Designer,	1
Bookkeeper,	1	Druggists,	2
Brakemen,	2	Elevator man,	1
Carpenters,	16	Farmers,	9

7. — *Occupation of Insane Persons first admitted to Any Hospital — Concluded.*

MALES — *Concluded.*

Firemen,	2	Picture framer,	1
Foreman,	1	Plumber,	1
Gardener,	1	Porter,	1
Gun maker,	1	Printer,	1
Hostlers,	3	Railroad yard master,	1
Inventor,	1	Real estate dealer,	1
Janitor,	1	Registrar,	1
Laborers,	83	Seamen,	3
Lather,	1	Slater,	1
Laundryman,	1	Stationary engineers,	6
Letter carrier,	1	Stone mason,	1
Locomotive engineers,	3	Student,	1
Machinists,	13	Tailor,	1
Manufacturer,	1	Teachers,	2
Mechanics,	2	Teamsters,	6
Merchant,	1	Tinsmiths,	2
Messenger,	1	Traveling salesman,	1
Moulders,	4	Upholsterer,	1
Musician,	1	Waiters,	4
Operatives,	48	Watchmen,	2
Painters,	7	No occupation,	30
Peddlers,	2	Total,	317
Physician,	1	Unknown,	10
Piano action maker,	1	Total,	327
Piano tuner,	1		

8. — *Ages of Insane at First Attack, Admission and Death.*

AGES.	FIRST ADMITTED TO ANY HOSPITAL.				DIED.							
	AT FIRST ATTACK.			WHEN ADMITTED.	AT FIRST ATTACK.		AT TIME OF DEATH.					
	Males.	Females.	Totals.		Males.	Females.	Totals.	Males.	Females.	Totals.		
Congenital,	10	15	25	—	—	—	1	2	3	—	—	—
15 years and less,	1	1	2	12	8	20	—	—	—	—	—	—
From 15 to 20 years,	15	11	26	34	11	45	1	5	6	—	—	—
20 to 25 years,	28	8	36	35	27	62	6	3	9	1	1	2
25 to 30 years,	34	26	60	31	20	51	8	10	18	5	2	7
30 to 35 years,	35	10	45	38	23	61	9	14	23	3	5	8
35 to 40 years,	27	18	45	56	27	83	23	14	37	13	10	23
40 to 50 years,	47	22	69	46	25	71	17	11	28	22	13	35
50 to 60 years,	35	18	53	38	25	63	19	19	38	16	8	24
60 to 70 years,	29	18	47	20	19	39	18	28	46	26	24	50
70 to 80 years,	16	11	27	6	12	18	4	7	11	17	34	51
Over 80 years,	4	3	7	—	—	—	—	—	—	5	19	24
Totals,	281	161	442	317	199	516	106	113	219	107	116	223
Unknown,	40	38	78	4	2	6	3	3	6	2	—	2
Not insane,	6	4	10	6	2	8	—	—	—	—	—	—
Totals,	327	203	530	327	203	530	109	116	225	109	116	225
Mean known ages (in years),	41.65	42.43	42.04	43.10	46.02	44.56	52.69	53.66	53.17	56.14	61.25	58.79

9. — *Probable Causes of Mental Disease in Persons first admitted to Any Hospital.*

EXCITING CAUSES.	ADMITTED.			PREDISPOSING CAUSES.					
	Males.	Females.	Totals.	HEREDITARY TENDENCY.		NEUROTIC TENDENCY.		ALCOHOLIC TENDENCY.	
				Males.	Females.	Totals.	Males.	Females.	Totals.
<i>Physical.</i>									
Adolescence,	—	3	3	—	2	2	—	3	3
Alcohol,	58	6	64	2	—	2	13	6	19
Arteriosclerosis,	14	6	20	2	—	2	2	—	2
Cerebral hemorrhage,	2	—	2	—	—	—	—	—	—
Congenital,	23	12	35	—	2	2	3	10	13
Consanguinity and adolescence,	—	1	1	—	—	—	—	—	—
Constitutional defect,	60	22	82	1	4	5	22	13	35
Epilepsy,	3	4	7	1	2	3	2	2	4
Heat prostration,	1	—	1	—	—	—	—	—	—
Heredity,	6	26	32	6	26	32	2	17	19
Ill health,	4	1	5	—	—	—	1	1	2
Involutional changes,	8	—	8	—	—	—	2	—	2
Lead poisoning,	2	—	2	—	—	—	—	—	—
Masturbation,	1	—	1	—	—	—	—	—	—
Menopause,	1	12	13	—	—	—	—	—	—
Opium,	1	1	2	—	3	3	—	6	6
Organic brain disease,	—	3	3	—	—	—	—	—	—
Overwork,	6	—	6	—	—	—	2	—	2
Overwork and worry,	1	—	1	—	—	—	—	—	—
Pellagra,	2	—	2	—	—	—	—	—	—
Pregnancy,	—	1	1	—	—	—	—	—	—

9. — Probable Causes of Mental Disease in Persons first admitted to Any Hospital — Concluded.

EXCITING CAUSES.	ADMITTED.		PREDISPOSING CAUSES.					
	Males.	Females.	HEREDITARY TENDENCY.		NEUROTIC TENDENCY.		ALCOHOLIC TENDENCY.	
			Males.	Females.	Males.	Females.	Males.	Females.
	Totals.		Totals.		Totals.		Totals.	
<i>Physical</i> —								
Puerperium,	—	6	3	3	—	3	—	—
Senility,	18	5	—	—	—	1	4	4
Senility and arteriosclerosis,	16	38	2	2	5	3	1	1
Spinal meningitis,	—	1	—	—	—	—	—	2
Syphilis,	46	12	4	4	13	7	8	10
Trauma,	3	—	—	—	—	—	1	1
<i>Mental.</i>								
Change of environment,	—	1	—	—	—	—	—	—
Disappointed affections,	—	1	—	—	—	—	—	—
Grief,	1	—	—	—	—	—	—	—
Worry,	8	—	—	—	3	—	4	4
Worry and ill health,	1	—	—	—	—	—	—	—
Totals,	285	161	12	48	70	73	105	15
	446		60		143		120	
Unknown,	36	38	—	—	9	8	—	—
Not insane,	6	4	—	—	—	—	—	—
Totals,	327	203	12	48	79	81	105	15
	530		60		160		120	

10. — Probable Duration of Mental Disease before Admission.

PREVIOUS DURATION.	FIRST ADMITTED TO ANY HOSPITAL.		
	Males.	Females.	Totals.
Congenital,	10	15	25
Under 1 month,	67	21	88
From 1 to 3 months,	57	22	79
3 to 6 months,	30	15	45
6 to 12 months,	24	16	40
1 to 2 years,	27	26	53
2 to 5 years,	43	22	65
5 to 10 years,	12	17	29
10 to 20 years,	10	7	17
Over 20 years,	4	1	5
Totals,	284	162	446
Unknown,	37	37	74
Not insane,	6	4	10
Totals,	327	203	530
Average known duration (in years), .	3.04	4.11	3.57

B. — Other admissions: —

11. — *Form of Mental Disease in Patients admitted from the Community, discharged, with Condition on Discharge, or died — Concluded.*

FORM OF DISEASE.	COMMITTED.			DISCHARGED.												TOTAL DISCHARGES AND DEATHS.								
	Males.	Females.	Totals.	RECOVERED.			CAPABLE OF SELF-SUPPORT.			IMPROVED.			NOT IMPROVED.			NOT INSANE.			DEATHS.			Males.	Females.	Totals.
				Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.			
B. — Other admissions — <i>Con.</i>																								
Paranoid condition,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Paraphrenia,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Psychopathic personality,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Senile dementia,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Senile dementia, arteriosclerotic type,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Toxic psychosis, chronic: —																								
Hallucinosi,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Traumatic psychosis,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Unclassified,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Totals,	68	71	139	2	5	7	11	14	25	12	9	21	13	10	23	—	—	—	12	12	24	50	50	100
Aggregate cases,	395	274	669	20	9	29	50	35	85	39	24	63	54	37	91	7	4	11	109	116	225	279	225	504
Aggregate persons,	394	272	666	20	9	29	50	35	85	39	24	63	54	37	91	7	4	11	109	116	225	279	225	504

12. — *Discharges of the Insane, classified by Admission and Result.*

NUMBER OF THE ADMISSION.	RECOVERED.			CAPABLE OF SELF-SUPPORT.			IMPROVED.			NOT IMPROVED.			NOT INSANE.			DIED.			AGGREGATES.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
First to this hospital, . . .	18	7	25	43	23	71	33	21	54	49	30	79	7	4	11	104	109	213	254	199	453
Second to this hospital, . . .	1	1	2	6	5	11	4	2	6	4	7	11	-	-	-	4	7	11	19	22	41
Third to this hospital, . . .	1	1	2	1	2	3	1	-	1	-	-	-	-	-	-	1	-	1	4	3	7
Sixth to this hospital, . . .	-	-	-	-	-	-	1	-	1	1	-	1	-	-	-	-	-	-	2	-	2
Fourteenth to this hospital, . .	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	1	1
Total cases, . . .	20	9	29	50	35	85	39	24	63	54	37	91	7	4	11	109	116	225	279	225	504
Total persons, . . .	20	9	29	50	35	85	39	24	63	54	37	91	7	4	11	109	116	225	279	225	504
First admitted to any hospital, .	18	4	22	39	21	60	27	15	42	41	27	68	7	4	11	97	104	201	229	175	404

14. — Duration of Mental Disease and its Treatment in Persons who recovered or died.

PERIOD.	FIRST ADMITTED TO ANY HOSPITAL.						ALL OTHER ADMISSIONS.					
	DURATION BEFORE ADMISSION.			HOSPITAL RESIDENCE.			WHOLE DURATION.			WHOLE KNOWN PERIOD OF MENTAL DISEASE.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
A. — Recovered: —												
Under 1 month,	9	2	11	2	—	2	1	—	1	—	—	—
From 1 to 3 months,	7	1	8	11	1	12	4	1	5	1	—	1
3 to 6 months,	1	—	1	2	1	3	9	—	9	1	1	1
6 to 12 months,	—	—	—	2	2	4	1	2	3	—	1	1
1 to 2 years,	—	—	—	1	—	1	2	—	2	—	2	3
2 to 5 years,	—	—	—	—	—	—	—	—	—	1	—	1
5 to 10 years,	—	—	—	—	—	—	—	—	—	—	—	—
10 to 20 years,	—	—	—	—	—	—	—	—	—	—	—	—
Over 20 years,	—	—	—	—	—	—	—	—	—	—	—	—
Totals,	17	3	20	18	4	22	17	3	20	2	5	7
Unknown,	1	1	2	—	—	—	1	1	2	—	—	—
Totals,	18	4	22	18	4	22	18	4	22	2	5	7
Average of known cases (in months),	1.12	2.00	1.59	5.07	5.04	5.06	6.27	6.05	6.16	22.13	19.04	21.28
										21.06	12.83	16.05

EIGHTY-FIFTH ANNUAL REPORT

OF

THE TRUSTEES

OF THE

WORCESTER STATE HOSPITAL

FOR THE

YEAR ENDING NOVEMBER 30, 1917.



BOSTON:

WRIGHT & POTTER PRINTING CO., STATE PRINTERS,
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1918.

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APPROVED BY THE
SUPERVISOR OF ADMINISTRATION.

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OFFICERS OF THE HOSPITAL.

TRUSTEES.

ELLEN A. SHEEHAN,	WORCESTER.
GEORGIE A. BACON,	WORCESTER.
WILLIAM J. DELEHANTY,	WORCESTER.
EDWARD F. FLETCHER,	WORCESTER.
AMOS B. CHASE,	LYNN.
JOHN G. PERMAN,	WORCESTER.
DONALD GORDON,	BOSTON.

RESIDENT OFFICERS.

ERNEST V. SCRIBNER, M.D.,	<i>Superintendent.</i>
B. HENRY MASON, M.D.,	<i>Assistant Superintendent.</i>
DONALD R. GILFILLAN, M.D.,	<i>Assistant Physician.</i>
ARTHUR H. MOUNTFORD, M.D.,	<i>Assistant Physician.</i>
CLARENCE A. BONNER, M.D.,	<i>Assistant Physician.</i>
JAMES T. ADAMS, M.D.,	<i>Assistant Physician.</i>
JOHN C. LINDSAY, M.D.,	<i>Assistant Physician.</i>
MARIE S. LINDSAY, M.D.,	<i>Assistant Physician.</i>
MARIAN K. LIBBY,	<i>Director of Industrial Therapeutics.</i>
EMMA J. WRIGHT,	<i>Superintendent of Nurses.</i>
ARTHUR E. GILMAN,	<i>Steward.</i>
LILLIAN G. CARR,	<i>Matron.</i>
JOSEPH T. REYNOLDS,	<i>Farmer.</i>

NONRESIDENT OFFICERS.

— — — — —,	<i>Pathologist.</i>
HOWARD BEAL, M.D.,	<i>Consulting Surgeon.</i>
JENNIE A. HARRINGTON,	<i>Social Service Worker.</i>
WAYNE F. SHIPMAN, D.D.S.,	<i>Dentist.</i>
GEORGE E. PARESEAU,	<i>Druggist.</i>
JESSIE M. D. HAMILTON,	<i>Clerk.</i>
JAMES DICKISON, JR.,	<i>Engineer.</i>



The Commonwealth of Massachusetts.

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

The trustees of the Worcester State Hospital respectfully submit their eighty-fifth annual report and solicit your careful consideration of the reports of the superintendent and treasurer which are appended.

The year's record shows few accomplishments by way of repairs and improvements, the Legislature having granted appropriations to meet only one of the institution's needs, — its sewage disposal.

After years of agitation the hospital's sewage is now a part of that of the city of Worcester, and all possible menace to the health of the adjacent community has been averted.

We earnestly call your attention to the needs of the hospital as outlined in last year's report, the most immediate being the construction of a laundry and industrial building, the installation of a cold-storage plant, the renewal of plumbing in the main building, and sufficient means for an increase in wages and salaries.

The first — the construction of a laundry and industrial building — is a vital need in these days of conservation, inasmuch as the present laundry could then be converted into a congregate dining room. Numerous ward dining rooms, as now exist, are conducive to waste of material and energy. A congregate dining room tends to better supervision, more efficient service and greater economy in the distribution and use of food.

The second — the installation of a cold-storage plant — is another conservation measure. It would allow larger purchases of supplies at low cost and promote more intensive farming.

The third — the renewal of plumbing in the main building — is a crying need, and if delayed too long may cause health conditions which would be deplored.

The fourth — sufficient means for an increase in wages and salaries — we cannot urge too strongly, as the institution faces an issue which cannot otherwise be met. The present cost of living, the demand for skilled workers which far exceeds the supply, and the calls to service issued by the government in its hour of need are disturbing factors in a situation that already has many complications.

The contemplated standardization of salaries threatens to deplete the medical staff, when promotion of those who have shown a capacity for excellent work does not bring an adequate advance, but appointment to the staff of another institution will secure the proper increase.

One need, stated last year, no longer exists. Through the generosity of an interested friend funds were provided for the purchase of additional land at Hope Cemetery. This has enabled the hospital to care for its unclaimed dead. To this friend we would express our deep gratification.

The year has brought many changes in our corps of workers. To those who have left we wish success. To those who have remained we extend our sincere thanks.

To our devoted superintendent and his staff we tender full appreciation of their efforts, and express the belief that the affairs of the institution have been wisely administered.

Respectfully submitted,

ELLEN A. SHEEHAN.
GEORGIE A. BACON.
WILLIAM J. DELEHANTY.
EDWARD F. FLETCHER.
AMOS B. CHASE.
JOHN G. PERMAN.
DONALD GORDON.

SUPERINTENDENT'S REPORT.

To the Trustees of the Worcester State Hospital.

I herewith respectfully submit the following report of the hospital for the year ending Nov. 30, 1917, it being the eighty-fifth annual report.

There remained on the hospital books Oct. 1, 1916, 1,696 patients, — 917 men and 779 women. During the year ending Sept. 30, 1917, there were admitted 716 patients, — 409 men and 307 women. Six hundred and thirty-eight patients — 402 men and 236 women — were discharged from the hospital. Of this number, 373 patients — 239 men and 134 women — were discharged; 168 patients — 90 men and 78 women — died; 97 patients — 73 men and 24 women — were transferred, leaving at the end of the statistical year 1,774 patients, — 924 men and 850 women. One thousand five hundred and forty patients — 819 men and 721 women — were actually in the hospital. Of this number, 1,321 were supported by the State, 109 by friends and 110 as reimbursing patients. Of the patients discharged 99 were reported as recovered, 162 as improved and 84 as not improved. Twenty men and 8 women were discharged as not insane. Forty-seven men and 1 woman were transferred by the Massachusetts Commission on Mental Diseases to the Grafton State Hospital; 2 men and 6 women to the State Infirmary at Tewksbury; 22 men and 13 women to the Gardner State Colony; 1 man to Herbert Hall; 1 man to the Taunton State Hospital; 1 woman to the Medfield State Hospital; 1 woman to the Westborough State Hospital; 1 woman to the Northampton State Hospital; and 1 woman to the McLean Hospital. Nine men and 3 women were removed from the State, and 9 men and 3 women were deported.

There remained in the hospital at the end of the year 84 patients more than at the beginning. The smallest number under treatment on any one day was 1,495, and the largest, 1,641. The daily average number was 1,556.65.

The percentage of recoveries, calculated upon the number of discharges and deaths, was 15.5 ; calculated upon the number of admissions it was 13.8.

The death rate was 6.9, calculated on the whole number of patients under treatment, and 10.7, calculated on the daily average number.

Though the number of patients admitted during the year has been appreciably less than that of the year before, the number remaining in the hospital is greater, due to a lessened number of discharges. It is pleasant to note that the percentage of recoveries has been higher and the percentage of deaths lower. It would be difficult, however, to draw conclusions of much value from the statistics of a single year. Of the patients admitted for the first time more than half were foreign born, some twenty different countries being represented. In type of disease dementia præcox leads by a large margin, followed by senility, alcoholism and general paralysis, in the order given. Of the general paralytics nearly one-half were women. Considering the ages at which first attacks of insanity occurred it seems, as perhaps it would be reasonable to expect, that the greatest prevalence of insanity is during the periods of the greatest mental and physical activities. A study of environment seems to show quite conclusively that general paralysis is many times more frequent in persons admitted from urban than from rural communities. This is also true in lesser degree of dementia præcox and alcoholism.

In considering the type of mental disease in the readmitted cases dementia præcox stands easily first, with manic-depressive, alcoholism and general paralysis following.

Pneumonia has been by far the greatest cause of death, followed by different forms of heart disease, general paralysis and tuberculosis.

The general health of the house has been good. A few cases of contagious disease have developed, all of which had a favorable outcome. Strict quarantine quickly controlled the spread of disease and no general outbreak occurred.

With the increasing number of patients has come increased work and responsibility for the medical staff; this, too, at a time when the national demands are imperative and must be

met. Although lessened in numbers, the whole staff has responded to the emergency in a way which is most gratifying and commendable.

The use of salvarsan in the treatment of general paralysis and other syphilitic affections has been continued, in many instances with very gratifying results. The experience which we have had with the use of this remedy here has been that while it has not proven to be quite such a specific in the treatment of syphilis as was at first hoped for, still very great improvement often follows its use, and, in the light of our present knowledge, it seems the drug which exercises the greatest curative effect. In treating our patients here we suffer one great handicap in the element of time. The vast majority of cases received here represent the failures in outside practice, and do not reach us until in an advanced state of disease. To have the best results salvarsan like many another drug should be administered as early as possible in the course of the disease, before too serious injury has been inflicted on the nervous system.

In furtherance of the medical work a complete outfit of X-ray apparatus has been purchased, which will soon be installed and is expected to add much to our ability to more accurately diagnose and treat many cases which have hitherto been obscure.

The work of the therapeutic industries has prospered and has done much to interest our patients and to assist in promoting recovery. I regard this work as one of the most important remedial agencies that we have at hand with which to combat that apathy and lack of interest which is too often prominent in cases of mental disease. The Christmas sale of articles manufactured by the patients in this department was quite successful. Quite a little work has also been done by our patients in aid of the Red Cross.

An unusual number of changes have occurred in the staff during the past year, in some instances due to the fact that positions could be had in other institutions at considerably increased salary, and in others to the exigencies of the military service.

Early in the year the pathologist, Dr. Gosline, resigned his position to accept an appointment on the staff of an institution in another State. Dr. Herbert E. Thompson, pathologist at the

State hospital in Bangor, Me., was secured to fill the vacancy. Dr. Thompson entered upon his work with every promise of becoming a valuable man. After a residence of only a few months another position was offered him in Maine at such a substantial increase in salary that it could not be met here. It is to be regretted that when a man of Dr. Thompson's experience and attainments has been secured a more ample compensation cannot be offered. A successor to Dr. Thompson has not yet been found. The work of the laboratory is now being carried on by an experienced and competent assistant, who is making the examinations of clinical specimens and classifying and preparing for study the autopsy material.

Dr. Gilfillan was granted indefinite leave of absence to enter the medical service of the United States Army. Much as we needed his services here it was felt that his country needed him more. It is my hope that he may at some time return to us. The resignations of Dr. Arey and his wife were given that they might enter the service of another institution whose staff had been depleted by the demands of the military service. I have been fortunate in securing capable and well-recommended persons to fill some of the vacancies, but the medical staff is still short of our customary number. Our social worker, Miss Donohoe, who has given faithful and efficient service, resigned to accept a more lucrative position at the Boston State Hospital. Miss Jennie Harrington, who is a woman of experience and comes well recommended, has been appointed to fill the vacancy. The position of matron has been filled by the promotion of Miss Lillian G. Carr.

Appointments.

Dr. Harry J. Hagerty, Dec. 1, 1916.

Dr. Clarence A. Bonner, Dec. 27, 1916.

Dr. Herbert E. Thompson, March 1, 1917.

Dr. James T. Adams, June 6, 1917.

Dr. John C. Lindsay, Sept. 17, 1917.

Dr. Marie S. Lindsay, Sept. 17, 1917.

Resignations.

Dr. Harold I. Gosline, Dec. 31, 1916.

Dr. Lillian L. MacPhee, Feb. 1, 1917.

Dr. Harry J. Hagerty, March 31, 1917.

Dr. Harold C. Arey, Sept. 3, 1917.

Dr. Jennie McIntosh-Arey, Sept. 3, 1917.

Dr. Herbert E. Thompson, Sept. 25, 1917.

The large wages and the demand for workers in almost all lines of industrial effort in the community have made it unusually difficult to secure and retain in the service faithful persons who are competent to do the work. It has been found possible to make some small increases in wages which have helped in some measure to stay the exodus of our employees. It is to be hoped that the report of the standardization board to the incoming Legislature will recommend such substantial salary increases as will make the institution service more attractive.

Sixteen persons who were in the employ of this hospital have resigned and enlisted in the United States service. I am greatly gratified at the loyal attitude of these men, and feel that they will give a good account of themselves. I hope that all may return to us.

On the farm, as in other departments, it has been difficult, much of the time impossible, to secure, at the wages which we have been able to offer, farm laborers in sufficient numbers to properly carry on the work there. More than ever have we been dependent upon the assistance derived from the labor of patients. Notwithstanding this handicap the farm has been very productive and profitable in its general operations. The abundant supply of fresh vegetables has contributed in no small way to the maintenance of our large family, and has very materially assisted in the conservation of our other food supplies.

Our general dietary has been altered to so far as possible co-operate with the efforts of the food conservator to so control home consumption as to interfere as little as possible with the proper feeding of our national armies. A special effort has been made to reduce our consumption of meat, sugar and wheat. A generous diet has still been found possible, even with a limitation in the use of the above-mentioned articles of diet. It is

highly probable that our food conservation experiences will have valuable lessons, which, when once learned, will teach us how to permanently conserve our food supplies, even when the urgency of the present national emergency has passed. That our farm products can be made to contribute more largely to our support I am well persuaded.

It gives me great gratification to be able to report that the proper disposal of the hospital sewage, which for more than a decade has agitated the hospital authorities and the neighboring public, has at last been satisfactorily accomplished by connecting our system with that of the city of Worcester, so that now all sewage from the institution flows into the city mains. After advertising for bids no contractor could be found who would name a price for which he would undertake to perform the work that would come within the appropriation. Under these conditions it became necessary for the institution to become its own contractor. The trenching was done largely by the labor of patients. By this means it has been found possible to accomplish the work very satisfactorily, and a very substantial sum from the appropriation will revert to the State treasury.

I again call your attention to the requests for special appropriations as outlined in the reports of the last two years. The same needs exist, even intensified. If the exigency of the times forbids attention to all our wants, perhaps the congregate dining room and the ward plumbing are among the most urgent at the main institution.

The new building for 50 men at Hillside has been completed, but as an adequate water supply has not yet been provided, nor sewage disposal arranged for, it will probably not be ready for occupancy before spring. For a time, while the amount remains small, the sewage can well be taken care of by surface irrigation. As a permanent means of sewage disposal this method would hardly suffice. With the necessary increase in the numbers of employees at this farm colony additional housing facilities should be provided for them. This can be accomplished either by alteration and enlargement of the existing farm buildings or by the erection of a new building near the present structures.

I wish to thank officers and employees for the faithful service which they have rendered.

I am pleased to report that, through the generosity of an anonymous friend, additional land has been acquired at Hope Cemetery, enlarging the hospital lot to such an extent as to provide for present needs and those of the immediate future. To this unknown friend the thanks of the institution are due.

Regular religious services have been held every Sunday.

Thanks are due to the publishers of the "Fitchburg Sentinel" for a copy of their paper and to the Worcester Employment Society for sewing done.

E. V. SCRIBNER,

Superintendent.

Nov. 30, 1917.

LABORATORY REPORT.

To the Superintendent of the Worcester State Hospital.

I respectfully submit the report of the laboratory work for the year ending Nov. 30, 1917.

The following routine work has been completed:—

Urinalysis,	1,063
Cerebrospinal fluid examinations,	188
Post-mortem cultures,	80
Smears from post-mortem cultures,	26
Smears from lung, post mortem,	18
Smears from middle ear, post mortem,	2
Smears from scalp, post mortem,	1
Smears from heart, post mortem,	3
Smears from peritoneal cavity, post mortem,	2
Smears from kidneys, post mortem,	2
Smears from gall bladder,	2
Sputum examinations,	46
Throat cultures,	10
Smears from throat,	8
Eye smears,	1
Abscess smears,	3
Vaginal smears,	13
Stomach contents,	4
Fecal examinations,	9
Blood examinations,	15
<hr/>	
Total,	1,496

Seventy-two autopsies were performed, and the following psychiatric diagnoses of the cases follow:—

Psychoses:—

Senile,	15
Cerebral arteriosclerosis,	18
Dementia præcox,	5
Manic-depressive,	8
Paranoid condition,	1

General paralysis,	16
Alcoholic,	4
Exhaustion delirium,	1
Huntington's chorea,	2
With constitutional psychopathic inferiority,	1
With mental deficiency,	1
	—
Total,	72

The major anatomical diagnoses were:—

Tuberculosis,	7
Acute bronchitis,	2
Broncho-pneumonia,	11
Lobar pneumonia,	10
Pulmonary œdema,	1
Pulmonary abscess,	1
Chronic myocarditis,	2
Pernicious anemia,	1
Cardiac paralysis,	1
Cardiac thrombosis,	2
Cardio vascular renal disease,	2
Arteriosclerosis,	5
Chronic endocarditis,	1
Colitis,	1
Acute gastritis,	1
Acute gastric dilatation,	1
Cholelithiasis; empyema of gall bladder,	1
Ulcerative proctitis and sigmoiditis,	1
Carcinoma of stomach,	1
Septicæmia,	1
Formaldehyde poisoning,	1
General paralysis,	12
Cerebrospinal syphilis,	2
Cerebral hemorrhage,	2
Huntington's chorea,	1
Acute dilatation of stomach,	1
Chronic nephritis,	1
	—
Total,	73

Though the resignation of Dr. Thompson has made the laboratory work more difficult, autopsies, urinalyses, sputum and cerebrospinal fluid examinations have been made as usual. Besides the regular routine work considerable time has been

devoted to the study of special cases, such as Huntington's chorea, general paralysis and older cases of brain tumor. Photomicrographs of interesting specimens have been made and filed with the case histories.

Papers on "Dementia Præcox" and on "Interpeduncular Tumors" were written by Dr. Gosline. Dr. Thompson also published a paper on "Brain Tumors."

J. H. STEAN,
Laboratory Assistant.

Nov. 30, 1917.

VALUATION.

Nov. 30, 1917.

REAL ESTATE.

Land (578 acres),	\$427,080 00
Buildings,	1,612,486 31
	<hr/>
	\$2,039,566 31

PERSONAL PROPERTY.

Travel, etc.,	\$7,390 19
Food,	9,161 33
Clothing,	13,467 16
Furnishings,	93,850 27
Heat, light and power,	5,712 35
Repairs and improvements,	5,378 94
Farm, stable and grounds,	49,341 25
Medical and general care,	18,602 78
Industries,	1,921 98
	<hr/>
	\$204,826 25

SUMMARY.

Real estate,	\$2,039,566 31
Personal property,	204,826 25
	<hr/>
	\$2,244,392 56

TREASURER'S REPORT.

To the Trustees of the Worcester State Hospital.

I respectfully submit the following report of the finances of this institution for the fiscal year ending Nov. 30, 1917:—

CASH ACCOUNT.

Balance Dec. 1, 1916, \$12,440 67

Receipts.

Institution Receipts.

Board of inmates:—

Private, \$32,369 25
Reimbursements, insane, 19,807 52

\$52,176 77

Sales:—

Travel, transportation and office expenses, \$52 25
Food, 595 71
Clothing and materials, 185 56
Furnishings and household supplies, 209 27
Medical and general care, 8 15
Heat, light and power, 6 49

Farm and stable:—

Cows and calves, \$462 75
Hides, 46 65
Vegetables, 150 00
Sundries, 132 59

791 99

Repairs, ordinary, 2 40

1,851 82

Miscellaneous receipts:—

Interest on bank balances, \$520 86
Sundries, 166 95

687 81

54,716 40

Sales, account of industries fund, 289 30

Receipts from Treasury of Commonwealth.

Maintenance appropriations:—

Balance of 1916, \$8,417 09
Advance money (amount on hand November 30), 30,000 00
Approved schedules of 1917, \$395,851 52
Less returned, 32 50

395,819 02

434,236 11

Special appropriations, 4,327 74
Industries fund, 226 65

Total, \$506,236 87

Payments.

To treasury of Commonwealth: —

Institution receipts,	\$54,716 40
Industries fund,	289 30

Maintenance appropriations: —

Balance November schedule, 1916,	\$20,857 76
Eleven months' schedules, 1917,	395,819 02
November advances,	12,390 27
	<hr/>
	429,067 05

Special appropriations: —

Approved schedules,	4,327 74
-------------------------------	----------

Industries fund: —

Approved schedules,	226 65
-------------------------------	--------

Balance Nov. 30, 1917: —

In bank,	\$16,790 16
In office,	819 57
	<hr/>
	17,609 73

Total,	<hr/>
	\$506,236 87

MAINTENANCE.

Appropriation, current year,	\$431,365 00
Expenses (as analyzed below),	431,028 52

Balance reverting to treasury of Commonwealth,	<hr/>
	\$336 48

Analysis of Expenses.

Salaries, wages: —

Ernest V. Scribner, M.D., superintendent,	\$3,526 88
General administration,	41,403 39
Medical service,	14,068 37
Ward service (male),	30,804 39
Ward service (female),	32,093 58
Repairs,	16,293 04
Farm and stable,	14,207 38
Grounds,	1,296 77
	<hr/>
	\$153,693 80

Religious instruction: —

Catholic,	\$600 00
Jewish,	260 00
Protestant,	190 00
	<hr/>
	1,050 00

Travel, transportation and office expenses: —

Advertising,	\$254 97
Automobile repairs and supplies,	1,393 59
Postage,	752 05
Printing and binding,	679 61
Printing annual report,	191 97
Stationery and office supplies,	1,341 72
Telephone and telegraph,	772 54
Travel,	1,196 25
Freight,	12 82
	<hr/>
	6,595 52

Amount carried forward,	<hr/>
	\$161,339 32

Amount brought forward, \$161,339 32

Food:—

Butter,	\$6,501 61
Butterine,	6,881 62
Beans,	2,257 22
Bread, crackers, etc.,	360 48
Canned soups,	41 29
Cereals, rice, meal, etc.,	4,521 45
Cheese,	509 36
Eggs,	10,422 22
Flour,	19,935 13
Fish (fresh, cured and canned),	6,234 24
Fruit (fresh),	1,052 07
Fruit (dried and preserved),	2,217 33
Lard and substitutes,	2,557 02
Macaroni and spaghetti,	887 16
Meats,	31,464 81
Milk (fresh and substitutes),	99 47
Molasses and syrups,	665 89
Potatoes,	8,293 62
Seasonings and condiments,	753 91
Sugar,	6,041 08
Tea, coffee, cocoa, etc.,	2,263 83
Vegetables (fresh),	375 70
Vegetables (canned and dried),	907 55
Yeast, baking powder, etc.,	220 84
Freight,	452 77

115,917 67

Clothing and materials:—

Boots, shoes and rubbers,	\$2,097 34
Clothing (outer),	3,052 61
Clothing (under),	909 96
Dry goods for clothing,	2,992 28
Hats and caps,	51 25
Leather and shoe findings,	125 13
Socks and small wares,	719 41
Freight,	50 97

9,998 95

Furnishings and household supplies:—

Beds, bedding, etc.,	\$10,533 78
Carpets, rugs, etc.,	1,846 49
Crockery, glassware, cutlery, etc.,	2,368 07
Dry goods and small wares,	339 66
Fire hose and extinguishers,	19 00
Furniture, upholstery, etc.,	1,030 59
Kitchen and household wares,	3,632 21
Laundry supplies and materials,	1,958 94
Lavatory supplies and disinfectants,	1,446 17
Machinery for manufacturing,	1 85
Table linen, paper napkins, towels, etc.,	4,003 91
Freight,	127 73
Electric lamps,	448 09

27,756 49

Amount carried forward, \$315,012 43

<i>Amount brought forward,</i>		\$315,012 43
Medical and general care:—		
Books, periodicals, etc.,	\$547 79	
Entertainments, games, etc.,	836 55	
Funeral expenses,	536 00	
Gratuities,	77 95	
Ice and refrigeration,	407 21	
Laboratory supplies and apparatus,	710 33	
Manual training supplies,	237 83	
Medicines (supplies and apparatus),	6,371 32	
Medical attendance (extra),	835 20	
Patients boarded out,	5,635 22	
Return of runaways,	116 88	
Tobacco, pipes, matches,	1,551 35	
Water,	7,323 87	
Freight,	48 94	
		<hr/>
		25,236 44
Heat, light and power:—		
Coal,	\$50,143 08	
Gas,	619 69	
Oil,	227 12	
Operating supplies for boilers and engines,	211 49	
Freight,	11 83	
		<hr/>
		51,213 21
Farm and stable:—		
Bedding materials,	\$205 40	
Blacksmithing and supplies,	594 82	
Carriages, wagons and repairs,	356 35	
Dairy equipment and supplies,	48 25	
Fencing materials,	77 49	
Fertilizers,	465 55	
Grain, etc.,	13,421 02	
Hay,	689 38	
Harnesses and repairs,	312 50	
Horses,	1,600 00	
Cows,	1,990 00	
Other live stock,	423 50	
Labor (not on pay roll),	77 09	
Rent,	250 00	
Spraying materials,	56 94	
Stable and barn supplies,	308 27	
Tools, implements, machines, etc.,	2,022 20	
Trees, vines, seeds, etc.,	220 01	
Veterinary services, supplies, etc.,	173 56	
Freight,	34 07	
		<hr/>
		23,326 40
Grounds:—		
Fertilizers,	\$49 77	
Road work and materials,	281 61	
Tools, implements, machines, etc.,	91 01	
Trees, vines, shrubs, seeds, etc.,	105 35	
Freight,	3 44	
		<hr/>
		531 18
<i>Amount carried forward,</i>		\$415,319 66

Amount brought forward, \$415,319 66

Repairs, ordinary: —

Cement, lime, crushed stone, etc.,	\$288 19
Electrical work and supplies,	998 43
Hardware, iron, steel, etc.,	1,595 86
Lumber, etc. (including finished products),	3,627 73
Paint, oil, glass, etc.,	3,710 65
Plumbing and supplies,	2,657 97
Roofing and materials,	621 25
Steam fittings and supplies,	869 36
Tents, awnings, etc.,	22 50
Tools, machines, etc.,	1,037 66
Boilers, repairs,	220 34
Engines, repairs,	9 50
Freight,	49 42
	<hr/>
	15,708 86

Total expenses for maintenance, \$431,028 52

SPECIAL APPROPRIATIONS.

Balance Dec. 1, 1916,	\$3,956 72
Appropriations for fiscal year,	5,000 00
	<hr/>
Total,	\$8,956 72
Expended during the year (see statement annexed),	4,327 74
	<hr/>
Balance Nov. 30, 1917,	\$4,628 98

RESOURCES AND LIABILITIES.

Resources.

Cash on hand,	\$17,609 73
November cash vouchers (paid from advance money), account of maintenance,	12,390 27
Due from treasury of Commonwealth from avail- able appropriation, account of November, 1917, schedule,	5,209 50
	<hr/>
	\$35,209 50

Liabilities.

Schedule of November bills,	\$35,209 50
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PER CAPITA.

During the year the average number of inmates has been 1,569.80.
 Total cost for maintenance, \$431,028.52.
 Equal to a weekly per capita cost of \$5.2802.
 Receipt from sales, \$1,851.82.
 Equal to a weekly per capita of \$0.0226.
 All other institution receipts, \$52,864.58.
 Equal to a weekly per capita of \$0.6476.

INDUSTRIES FUND.

Balance Dec. 1, 1916,	\$43 12
Receipts credited,	289 30
	<hr/>
	\$332 42

Expenditures, approved schedules (see statement annexed), . . .	\$226 65
Balance Nov. 30, 1917,	105 77
	<hr/>
	\$332 42

Expenditures.

Tools and machinery: —

Crochet hooks,	\$8 30
Embroidery hoops,	74
Frames,	2 00
Knitting needles,	94
Needles,	2 50
Patterns,	4 28
Shuttles,	70
Stiletos,	47
Freight,	6 01
	<hr/>
	\$25 94

Materials: —

Cones,	\$21 83
Electric wiring,	7 41
Glass,	1 00
Glazing,	11 22
Seeds,	2 15
Tapestry,	2 20
Tatting thread,	75
Thread,	154 15
	<hr/>
	200 71
	<hr/>
Total,	\$226 65

Special Appropriations.

OBJECT.	Act or Resolve.	Whole Amount.	Expended during Fiscal Year.	Expended to Date.	Balance at End of Year.
Sewerage system,	{ Special Acts 1916, chap. 363, Special Acts 1917, chap. 337, }	\$4,000 00	\$3,956 72	\$4,000 00	-
		5,000 00	371 02	371 02	\$4,628 98
		\$9,000 00	\$4,327 74	\$4,371 02	\$4,628 98

Respectfully submitted,

E. V. SCRIBNER,
Treasurer.

Examined and found correct as compared with the records in the office of the Auditor of the Commonwealth.

ALONZO B. COOK,
Auditor.

STATEMENT OF FUNDS.

PATIENTS' FUND.

Balance on hand Nov. 30, 1916,	\$5,884 64	
Receipts,	5,358 50	
Interest accrued and distributed,	194 33	
	<hr/>	\$11,437 47
Refunded,		5,220 32
		<hr/>
		\$6,217 15

Investment.

Worcester County Institution for Savings,	\$2,000 00	
Worcester Five Cents Savings Bank,	1,000 00	
Worcester Mechanics Savings Bank,	1,000 00	
Balance Worcester Bank and Trust Company,	1,983 46	
Cash on hand Dec. 1, 1917,	233 69	
	<hr/>	\$6,217 15

LEWIS FUND.

Balance on hand Nov. 30, 1916,	\$1,569 53	
Income,	60 77	
	<hr/>	\$1,630 30
Expended for books, etc.,		29 85
		<hr/>
		\$1,600 45

Investment.

American Telephone and Telegraph Company collateral trust 4 per cent. bond,	\$926 36	
Worcester County Institution for Savings,	349 44	
Mechanics National Bank, savings department,	321 52	
Balance Worcester Bank and Trust Company,	3 13	
	<hr/>	\$1,600 45

WHEELER FUND.

Balance on hand Nov. 30, 1916,	\$5,713 35	
Income,	238 49	
Worcester National Bank in liquidation,	1,290 00	
	<hr/>	\$7,241 84
Expended for books,	\$150 63	
6 shares Worcester National Bank, ¹	1,002 00	
	<hr/>	1,152 63
		<hr/>
		\$6,089 21

¹ Six shares of Worcester National Bank stock held in liquidation.

Investment.

American Telephone and Telegraph Company	
collateral trust 4 per cent. bond, . . .	\$712 50
Worcester County Institution for Savings, . .	332 00
Worcester Five Cents Savings Bank, . . .	403 85
Mechanics Savings Bank,	203 30
Mechanics National Bank, savings department,	435 50
Second Liberty Loan bonds,	4,000 00
Balance Worcester Bank and Trust Company, .	2 06
	<hr/>
	\$6,089 21

MANSON FUND.

Balance Worcester County Institution for	
Savings,	\$1,310 47
Income,	51 08
	<hr/>
	\$1,361 55
Expended for entertainments, etc.,	179 10
	<hr/>
	\$1,182 45

Investment.

Worcester County Institution for Savings,	\$1,182 45
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Respectfully submitted,

E. V. SCRIBNER,

Treasurer of the Corporation.

Nov. 30, 1917.

N. B. — The values assigned to the above securities are their respective purchase prices.

STATISTICAL TABLES

AS ADOPTED BY AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION.

[PRESCRIBED BY MASSACHUSETTS COMMISSION ON MENTAL DISEASES.]

TABLE 1. — *General Information.*

1. Date of opening as an institution for the insane: Jan. 18, 1833.

2. Type of institution: State.

3. Hospital plant:—

Value of hospital property:—

Real estate, including buildings, \$2,039,566 31

Personal property, 204,826 25

Total, \$2,244,392 56

Total acreage of hospital property, 578.15.

Acreage under cultivation during year, 201.25.

4. Medical service:—	Men.	Women.	Total.
Superintendents,	1	—	1
Assistant physicians,	7	1	8
Medical internes,	—	—	—
Clinical assistants,	—	—	—
Total,	8	1	9

5. Employees:—	Males.	Females.	Total.
Graduate nurses,	2	25	27
Other nurses and attendants,	103	104	207
Social workers,	—	1	1
All other employees,	61	58	119
Total,	116	188	354

	Men.	Women.	Total.
6. Percentage of patients employed during year, .	83	79	81

TABLE 2. — *Financial Statement.*

See treasurer's report for data requested under this table.

TABLE 3. — *Movement of Patient Population for the Year ending Sept. 30, 1917.*

	INSANE.			SANE, VOLUNTARY.			INBRIATE.			TOTAL ON BOOKS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Patients on books of institution Sept. 30, 1916,	914	779	1,693	-	-	-	3	-	3	917	779	1,696
Admissions during year: —												
(a) First admissions,	253	174	427	3	-	3	-	-	-	256	175	431
(b) Readmissions,	150	118	268	-	2	2	-	1	1	150	120	270
Total admissions,	403	292	695	3	2	5	-	1	1	406	295	701
(c) Transfers from other institutions for the insane,	3	12	15	-	-	-	-	-	-	3	12	15
2. Total received during year,	406	304	710	3	2	5	-	1	1	409	307	716
3. Total under treatment during year,	1,320	1,083	2,403	3	2	5	3	1	4	1,326	1,086	2,412
Discharged from books during year: —												
(a) As recovered,	61	38	99	-	-	-	-	-	-	61	38	99
(b) As improved,	106	56	162	-	-	-	-	-	-	106	56	162
(c) As unimproved,	52	32	84	-	-	-	-	-	-	52	32	84
(d) As not insane,	17	6	23	-	2	2	3	-	3	20	8	28
(e) Transferred to other institutions for the insane,	73	23	96	-	-	-	-	1	1	73	24	97
(f) Died during year,	90	78	168	-	-	-	-	-	-	90	78	168
4. Total discharged from books during year,	399	233	632	-	2	2	3	1	4	402	236	638
5. Patients remaining on books of institution Sept. 30, 1917,	921	850	1,771	3	-	3	-	-	-	924	850	1,774
<i>Supplementary Data.</i>												
6a. Average daily number of patients on books during the year,	942.78	799.96	1,742.74	2.83	.18	3.01	.40	.16	.56	946.01	800.30	1,746.31
6b. Average daily number of patients actually in the institution during the year,	825.90	682.57	1,508.47	.45	.18	.63	.40	.16	.56	826.75	682.91	1,509.66
7a. Average daily number of patients in family care, . . . . .	.23	46.86	47.09	-	-	-	-	-	-	.23	46.86	47.09
7b. Average daily number of patients on visit and escape,	116.65	70.53	187.18	2.38	-	2.38	-	-	-	119.03	70.53	189.56
8. Number of voluntary patients admitted during year,	6	2	8	3	2	5	-	-	-	9	4	13
9. Number of temporary-care cases admitted during the year,	120	51	171	-	-	-	-	-	-	120	51	171
10. Number of patients actually remaining in institution Sept. 30, 1917,	818	721	1,539	1	-	1	-	-	-	819	721	1,540

State,	742	578	1,320	1	—	—	—	—	—	743	578	1,321
Reimbursing,	35	75	110	—	—	—	—	—	—	35	75	110
Private,	41	68	109	—	—	—	—	—	—	41	68	109
11. Number of patients in family care Sept. 30, 1917,	—	45	45	—	—	—	—	—	—	—	45	45
State,	—	31	31	—	—	—	—	—	—	—	31	31
Self-supporting,	—	6	6	—	—	—	—	—	—	—	6	6
Private,	—	8	8	—	—	—	—	—	—	—	8	8
12. Number of different persons within the year,	1,307	1,072	2,379	3	2	5	3	1	4	1,313	1,074	2,387
13. Number of different persons admitted from the community,	398	290	683	3	2	5	—	1	1	401	292	693
14. Number of different persons dismissed, exclusive of transfers,	324	209	533	—	2	2	3	—	3	327	211	538
15. Number of non-insane patients or inmates in institution at end of institution year,	—	—	—	1	—	1	—	—	—	1	—	1
(a) Drug cases,	—	—	—	—	—	—	—	—	—	—	—	—
(b) Inebriates,	—	—	—	—	—	—	—	—	—	—	—	—
(c) Neurological cases,	—	—	—	—	—	—	—	—	—	—	—	—
(d) Epileptics (not feeble-minded),	—	—	—	—	—	—	—	—	—	—	—	—
(e) Feeble-minded cases (not epileptic),	—	—	—	1	—	1	—	—	—	1	—	1
(f) Feeble-minded epileptics,	—	—	—	—	—	—	—	—	—	—	—	—
(g) All other cases,	—	—	—	—	—	—	—	—	—	—	—	—
(h) Persons given advice or treatment in out-patient departments during year,	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	98	148	246

TABLE 4. — *Nativity of First Admissions and of Parents of First Admissions.*

NATIVITY.	PATIENTS.			PARENTS OF MALE PATIENTS.			PARENTS OF FEMALE PATIENTS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
United States,	114	85	199	60	54	114	45	45	90
Africa,	-	-	-	-	-	-	-	-	-
Asia,	-	-	-	-	-	-	-	-	-
Atlantic Islands,	-	1	1	-	-	-	1	1	2
Australia,	-	-	-	-	-	-	-	-	-
Austria,	6	1	7	6	6	12	1	1	2
Belgium,	-	1	1	-	-	-	1	1	2
Bohemia,	-	-	-	-	-	-	-	-	-
Canada,	31	15	46	43	45	88	17	21	38
Central America,	-	-	-	-	-	-	-	-	-
China,	2	-	2	2	2	4	-	-	-
Cuba,	-	-	-	-	-	-	-	-	-
Denmark,	-	-	-	-	-	-	-	-	-
England,	2	7	9	6	4	10	4	7	11
Europe,	1	-	1	1	1	2	-	-	-
Finland,	10	4	14	10	10	20	4	4	8
France,	1	1	2	1	2	3	1	1	2
Germany,	5	-	5	8	10	18	-	-	-
Greece,	10	1	11	10	10	20	1	1	2
Hawaii,	-	-	-	-	-	-	-	-	-
Holland,	-	-	-	-	-	-	-	-	-
Hungary,	-	-	-	-	-	-	-	-	-
India,	-	-	-	-	-	-	-	-	-
Ireland,	21	27	48	42	44	86	47	43	90
Italy,	6	4	10	6	6	12	4	4	8
Japan,	-	-	-	-	-	-	-	-	-
Mexico,	-	-	-	-	-	-	-	-	-
Norway,	-	-	-	1	2	3	-	-	-
Philippine Islands,	-	-	-	-	-	-	-	-	-
Poland,	7	1	8	7	7	14	1	1	2
Porto Rico,	-	-	-	-	-	-	-	-	-
Portugal,	-	2	2	-	-	-	3	3	6
Roumania,	-	-	-	-	-	-	-	-	-
Russia,	28	7	35	29	29	58	9	9	18
Scotland,	-	5	5	1	2	3	6	5	11
South America,	-	-	-	-	-	-	-	-	-
Spain,	-	-	-	-	-	-	-	-	-
Sweden,	5	7	12	7	6	13	10	10	20
Switzerland,	-	-	-	-	-	-	-	-	-
Turkey in Asia,	-	-	-	-	-	-	-	-	-
Turkey in Europe,	1	1	2	1	1	2	1	1	2
Wales,	-	-	-	-	-	-	-	-	-
West Indies,	-	-	-	-	-	-	-	-	-
Other countries,	1	-	1	1	1	2	-	-	-
Born at sea,	-	-	-	-	-	-	-	-	-
Total foreign born,	137	85	222	182	188	370	111	113	224
Unascertained,	2	4	6	11	11	22	18	16	34
Grand total,	253	174	427	253	253	506	174	174	348

TABLE 5. — *Citizens of First Admissions.*

	Males.	Females.	Totals.
Citizens by birth,	114	85	199
Citizens by naturalization,	23	1	24
Aliens,	73	17	90
Citizenship unascertained,	43	71	114
Total,	253	174	427

TABLE 6. — *Psychoses of First Admissions.*

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	-	-	-	-	-	-
2. Senile, total,	12	24	36	-	-	-
(a) Simple deterioration,	1	9	10	-	-	-
(b) Presbyophrenic type,	1	-	1	-	-	-
(c) Delirious and confused states,	3	10	13	-	-	-
(d) Depressed and agitated states in addition to deterioration,	2	-	2	-	-	-
(e) Paranoid states in addition to deterioration,	5	5	10	-	-	-
3. With cerebral arteriosclerosis,	36	14	50	-	-	-
4. General paralysis,	30	14	44	-	-	-
5. With cerebral syphilis,	1	1	2	-	-	-
6. With Huntington's chorea,	-	-	-	-	-	-
7. With brain tumor,	-	-	-	-	-	-
8. With other brain or nervous diseases, total,	1	-	1	-	-	-
Cerebral embolism,	-	-	-	-	-	-
Paralysis agitans,	-	-	-	-	-	-
Tubercular or other forms of meningitis,	-	-	-	-	-	-
Multiple sclerosis,	-	-	-	-	-	-
Tabes,	1	-	1	-	-	-
Acute chorea,	-	-	-	-	-	-
Other conditions,	-	-	-	-	-	-
9. Alcoholic, total,	53	5	58	-	-	-
(a) Pathological intoxication,	-	-	-	-	-	-
(b) Delirium tremens,	8	-	8	-	-	-
(c) Acute hallucinosis,	31	2	33	-	-	-
(d) Acute paranoid type,	1	-	1	-	-	-
(e) Korsakow's psychosis,	3	-	3	-	-	-
(f) Chronic hallucinosis,	1	-	1	-	-	-
(g) Chronic paranoid type,	3	-	3	-	-	-
(h) Alcoholic deterioration,	6	3	9	-	-	-
(i) Other types, acute or chronic,	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins, total,	-	-	-	-	-	-
(a) Morphine, cocaine, bromides, chloral, etc., alone or combined,	-	-	-	-	-	-
(b) Metals, as lead, arsenic, etc.,	-	-	-	-	-	-
(c) Gases,	-	-	-	-	-	-
(d) Other exogenous toxins,	-	-	-	-	-	-
11. With pellagra,	-	2	2	-	-	-
12. With other somatic diseases, total,	1	3	4	-	-	-
(a) Delirium with infectious diseases,	-	-	-	-	-	-
(b) Post-infectious psychoses,	-	-	-	-	-	-
(c) Exhaustion delirium,	-	2	2	-	-	-
(d) Delirium of unknown origin,	-	-	-	-	-	-
(e) Diseases of the ductless glands,	-	-	-	-	-	-
(f) Cardiorenal disease,	-	-	-	-	-	-
(g) Cancer,	-	-	-	-	-	-
(h) Pernicious anæmia,	1	1	2	-	-	-

TABLE 6. — *Psychoses of First Admissions* — Concluded.

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
13. Manic-depressive, total,	2	5	7	4	10	14
(a) Manic type,	2	5	7			
(b) Depressive type,	—	—	—			
(c) Stupor,	—	—	—			
(d) Mixed type,	—	—	—			
(e) Circular type,	—	—	—			
14. Involution melancholia,	—	—	—	2	9	11
15. Dementia præcox, total,	—	—	—	78	66	144
(a) Paranoid type,	34	40	74			
(b) Katatonic type,	21	15	36			
(c) Hebephrenic type,	14	10	24			
(d) Simple type,	9	1	10			
16. Paranoia and paranoic conditions,	—	—	—	1	1	2
17. Psychoneuroses, total,	—	—	—	1	1	2
(a) Hysterical type,	—	1	1			
(b) Psychasthenic type,	—	—	—			
(c) Neurasthenic type,	1	—	1			
18. With mental deficiency,	—	—	—	6	5	11
19. With constitutional psychopathic inferiority,	—	—	—	1	1	2
20. Epileptic, total,	—	—	—	6	4	10
(a) Deterioration,	4	1	5			
(b) Clouded states,	1	3	4			
(c) Other conditions,	1	—	1			
21. Undiagnosed,	—	—	—	4	6	10
22. Not insane, total,	—	—	—	16	8	24
(a) Epilepsy without psychosis,	1	—	1			
(b) Alcoholism without psychosis,	4	1	5			
(c) Drug addiction without psychosis,	—	—	—			
(d) Constitutional psychopathic inferiority without psychosis,	3	1	4			
(e) Mental deficiency without psychosis,	6	5	11			
(f) Others,	2	1	3			
Total,	—	—	—	253	174	427

[illegible]

[illegible]

TABLE 8. — *Age of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			YEARS.																				
	Males.	Females.	Totals.	UNDER 15.			15-20.			20-25.			25-30.			30-35.			35-40.			40-45.		
				Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.			
1. Traumatic,	12	24	36	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
2. Senile,	36	14	50	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
3. With cerebral arteriosclerosis,	30	14	44	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
4. General paralysis,	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
5. With cerebral syphilis,	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
6. With Huntington's chorea,	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
7. With brain tumor,	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
8. With other brain or nervous diseases,	53	5	58	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
9. Alcoholic,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
10. Due to drugs and other exogenous toxins,	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
11. With pellagra,	1	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
12. With other somatic diseases,	4	10	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
13. Manic-depressive,	2	9	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
14. Involution melancholia,	78	66	144	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
15. Dementia praecox,	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
16. Paranoia and paranoid conditions,	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
17. Psychoneuroses,	6	1	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
18. With mental deficiency,	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
19. With constitutional psychopathic inferiority,	6	4	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
20. Epileptic,	4	6	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
21. Undiagnosed,	16	8	24	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
22. Not insane,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Total,	253	174	427	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		

TABLE 9. — Degree of Education of First Admissions classified with Reference to Psychoses.

PSYCHOSES.	TOTAL.			ILLITERATE.			READS AND WRITES.			COMMON SCHOOL.			HIGH SCHOOL.			COLLEGE.			UNACCOMMODATED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	12	24	36	1	3	4	2	3	5	5	11	16	1	2	3	4	5	9	4	5	9
2. Senile,	36	14	50	2	2	4	3	2	5	22	6	28	2	1	3	2	5	10	5	5	10
3. With cerebral arteriosclerosis,	30	14	44	1	1	2	2	2	4	18	9	27	2	2	4	2	2	4	7	2	9
4. General paralysis,	1	1	2	1	1	2	2	2	4	18	9	27	2	2	4	2	2	4	1	1	2
5. With cerebral syphilis,	1	1	2	1	1	2	2	2	4	18	9	27	2	2	4	2	2	4	1	1	2
6. With Huntington's chorea,	1	1	2	1	1	2	2	2	4	18	9	27	2	2	4	2	2	4	1	1	2
7. With brain tumor,	1	1	2	1	1	2	2	2	4	18	9	27	2	2	4	2	2	4	1	1	2
8. With other brain or nervous diseases,	1	1	2	1	1	2	2	2	4	18	9	27	2	2	4	2	2	4	1	1	2
9. Alcoholic,	53	5	58	13	1	14	12	2	14	25	2	27	1	1	2	2	2	4	2	2	4
10. Due to drugs and other exogenous toxins,	2	2	4	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
11. With pellagra,	1	3	4	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
12. With other somatic diseases,	1	3	4	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
13. Manic-depressive,	2	10	12	1	3	4	1	3	4	3	3	6	2	2	4	1	2	3	1	2	3
14. Involution melancholia,	78	66	144	15	5	20	14	13	27	34	35	69	6	6	12	1	1	2	8	7	15
15. Dementia præcox,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
16. Paranoia and paranoic conditions,	6	1	7	1	2	3	2	2	4	1	1	2	1	1	2	1	1	2	2	1	3
17. Psychoneuroses,	1	1	2	1	2	3	2	2	4	1	1	2	1	1	2	1	1	2	1	1	2
18. With mental deficiency,	1	1	2	1	2	3	2	2	4	1	1	2	1	1	2	1	1	2	1	1	2
19. With constitutional psychopathic inferiority,	6	1	7	1	2	3	2	2	4	1	1	2	1	1	2	1	1	2	1	1	2
20. Epileptic,	6	4	10	1	1	2	1	1	2	4	2	6	1	1	2	1	1	2	1	1	2
21. Undiagnosed,	4	6	10	1	1	2	1	1	2	2	5	7	1	1	2	1	1	2	1	1	2
22. Not insane,	16	8	24	2	2	4	3	3	6	10	2	12	1	1	2	1	1	2	1	1	2
Total,	253	174	427	35	16	51	42	37	79	126	84	210	10	14	24	6	—	6	34	23	57

TABLE 10. — *Environment of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			URBAN.			RURAL.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	12	24	36	9	18	27	3	6	9	-	-	-
2. Senile,	36	14	50	27	11	38	9	3	12	-	-	-
3. With cerebral arteriosclerosis,	30	14	44	26	14	40	4	-	4	-	-	-
4. General paralysis,	1	1	2	1	1	2	-	-	-	-	-	-
5. With cerebral syphilis,	-	-	-	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea,	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor,	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases,	1	-	1	1	-	1	-	-	-	-	-	-
9. Alcoholic,	53	5	58	40	5	45	13	-	13	-	-	-
10. Due to drugs and other exogenous toxins,	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra,	-	2	2	-	2	2	-	-	-	-	-	-
12. With other somatic diseases,	1	3	4	1	1	2	-	2	2	-	-	-
13. Manic-depressive,	4	10	14	4	9	13	-	-	-	-	-	-
14. Involution melancholia,	2	9	11	1	6	7	1	3	4	-	-	-
15. Dementia precox,	78	66	144	66	51	117	12	15	27	-	-	-
16. Paranoia and paranoid conditions,	1	1	2	-	-	-	1	1	2	-	-	-
17. Psychoneuroses,	1	1	2	1	4	5	1	1	2	-	-	-
18. With mental deficiency,	6	5	11	5	-	5	1	1	2	-	-	-
19. With constitutional psychopathic inferiority,	1	1	2	1	-	1	-	-	-	-	-	-
20. Epileptic,	6	4	10	6	3	9	-	-	-	-	-	-
21. Undiagnosed,	4	6	10	2	5	7	-	1	1	-	-	-
22. Not insane,	16	8	24	14	5	19	2	3	5	-	-	-
Total,	253	174	427	205	135	340	48	39	87	-	-	-

TABLE 11. — *Economic Condition of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			DEPENDENT.			MARGINAL.			COMFORTABLE.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	12	24	36	1	17	18	5	4	9	8	3	11	1	1	2
2. Senile,	36	14	50	6	4	10	6	4	10	24	5	29	1	1	2
3. With cerebral arteriosclerosis,	30	14	44	4	2	6	9	9	18	17	3	20	1	1	2
4. General paralysis,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
5. With cerebral syphilis,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
6. With Huntington's chorea,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
7. With brain tumor,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
8. With other brain or nervous diseases,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
9. Alcoholic,	53	5	58	2	1	3	21	4	25	29	1	30	1	1	2
10. Due to drugs and other exogenous toxins,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
11. With pellagra,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
12. With other somatic diseases,	4	10	14	1	1	2	1	1	2	1	1	2	1	1	2
13. Manic-depressive,	4	9	13	1	1	2	2	2	4	2	2	4	1	1	2
14. Involution melancholia,	2	6	8	1	1	2	1	1	2	1	1	2	1	1	2
15. Dementia praecox,	78	66	144	11	5	16	31	43	74	36	18	54	1	1	2
16. Paranoia and paranoic conditions,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
17. Psychoneuroses,	6	5	11	2	3	5	3	1	4	1	1	2	1	1	2
18. With mental deficiency,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
19. With constitutional psychopathic inferiority,	6	4	10	2	1	3	2	3	5	2	3	5	1	1	2
20. Epileptic,	4	6	10	1	1	2	1	1	2	1	1	2	1	1	2
21. Undiagnosed,	16	8	24	2	4	6	8	4	12	3	6	9	1	1	2
22. Not insane,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Total,	253	174	427	34	41	75	91	90	181	127	42	169	1	1	2

TABLE 12. — *Use of Alcohol by First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			ABSTINENT.			TEMPERATE.			INTERTEMPERATE.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	12	24	36	2	—	2	2	16	18	4	2	6	4	6	10
2. Senile,	36	14	50	1	—	1	18	8	26	9	1	10	8	5	13
3. With cerebral arteriosclerosis,	30	14	44	—	—	—	15	8	23	9	1	10	6	5	11
4. General paralysis,	1	1	2	—	—	—	1	1	2	—	—	—	—	—	—
5. With cerebral syphilis,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases,	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
9. Alcoholic,	53	5	58	—	—	—	—	—	—	53	5	58	—	—	—
10. Due to drugs and other exogenous toxins,	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra,	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases,	4	10	14	—	—	—	2	9	11	—	—	—	1	1	2
13. Manic-depressive,	1	9	10	—	—	—	1	9	10	1	1	2	—	—	—
14. Involution melancholia,	2	11	13	—	—	—	33	46	79	33	10	43	8	10	18
15. Dementia precox,	78	66	144	4	—	4	1	1	2	—	—	—	—	—	—
16. Paranoia and paranoid conditions,	1	1	2	—	—	—	1	1	2	—	—	—	—	—	—
17. Psychoneuroses,	1	2	3	—	—	—	3	1	4	2	2	4	—	—	—
18. With mental deficiency,	6	5	11	1	1	2	1	1	2	—	—	—	—	—	—
19. With constitutional psychopathic inferiority,	1	1	2	—	—	—	3	4	7	2	—	2	—	—	—
20. Epileptic,	6	4	10	—	—	—	1	2	3	3	2	5	1	1	2
21. Undiagnosed,	4	6	10	—	—	—	1	2	3	9	3	12	1	2	3
22. Not insane,	16	8	24	1	—	1	5	5	10	—	—	—	—	—	—
Total,	253	174	427	9	1	10	88	115	203	127	27	154	29	31	60

TABLE 13. — *Marital Condition of First Admissions classified with Reference to Principal Psychoses.*

Psychoses.	TOTAL.			SINGLE.			MARRIED.			WIDOWED.			SEPARATED.			DIVORCED.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	12	24	36	3	9	12	5	2	7	4	16	20	1	1	2	1	1	2	1	1	2
2. Senile,	36	14	50	2	1	3	26	6	32	7	6	13	1	1	2	1	1	2	1	1	2
3. With cerebral arteriosclerosis,	30	14	44	10	4	14	18	7	25	1	3	4	1	1	2	1	1	2	1	1	2
4. General paralysis,	1	1	2	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
5. With cerebral syphilis,	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea,	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor,	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases,	53	5	58	19	—	19	24	5	29	9	—	9	—	—	1	1	—	1	—	—	—
9. Alcoholic,	—	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins,	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra,	—	3	3	—	1	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases,	4	10	14	1	4	5	3	5	8	—	1	1	—	—	—	—	—	—	—	—	—
13. Manic-depressive,	2	9	11	—	3	3	20	4	24	—	—	2	—	—	—	—	—	—	—	—	—
14. Involution melancholia,	78	66	144	57	31	88	27	27	54	1	5	6	1	1	2	1	1	2	1	1	2
15. Dementia praecox,	1	1	2	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
16. Paranoia and paranoid conditions,	1	1	2	1	1	2	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—
17. Psychoneuroses,	6	15	21	4	3	7	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—
18. With mental deficiency,	1	1	2	—	1	1	3	2	5	—	—	—	—	—	—	—	—	—	—	—	—
19. With constitutional psychopathic inferiority,	6	4	10	3	2	5	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—
20. Epileptic,	4	6	10	2	3	5	2	3	5	—	—	—	—	—	—	—	—	—	—	—	—
21. Undiagnosed,	16	8	24	9	3	12	7	3	10	—	1	1	—	—	—	—	—	—	—	—	—
22. Not insane,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total,	253	174	427	112	62	174	115	69	184	22	38	60	1	2	3	2	1	3	1	2	3

TABLE 14. — *Psychoses of Readmissions.*

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	-	-	-	-	-	-
2. Senile, total,	5	2	7			
(a) Simple deterioration,	1	-	1			
(b) Presbyophrenic type,	-	-	-			
(c) Delirious and confused states,	4	1	5			
(d) Depressed and agitated states in addition to deterioration,	-	-	-			
(e) Paranoid states in addition to deterioration,	-	1	1			
3. With cerebral arteriosclerosis,	8	2	10			
4. General paralysis,	8	16	24			
5. With cerebral syphilis,	-	-	-			
6. With Huntington's chorea,	1	-	1			
7. With brain tumor,	-	-	-			
8. With brain or nervous diseases, total,	1	1	2			
Cerebral embolism,	-	-	-			
Paralysis agitans,	-	-	-			
Tubercular or other forms of meningitis,	-	1	1			
Multiple sclerosis,	-	-	-			
Tabes,	1	-	1			
Acute chorea,	-	-	-			
Other conditions,	-	-	-			
9. Alcoholic, total,	27	1	28			
(a) Pathological intoxication,	-	-	-			
(b) Delirium tremens,	2	-	2			
(c) Acute hallucinosis,	13	-	13			
(d) Acute paranoid type,	-	-	-			
(e) Korsakow's psychosis,	3	1	4			
(f) Chronic hallucinosis,	-	-	-			
(g) Chronic paranoid type,	3	-	3			
(h) Alcoholic deterioration,	6	-	6			
(i) Other types, acute or chronic,	-	-	-			
10. Due to drugs and other exogenous toxins, total,	-	2	2			
(a) Morphine, cocaine, bromides, chloral, etc., alone or combined,	-	2	2			
(b) Metals, as lead, arsenic, etc.,	-	-	-			
(c) Gases,	-	-	-			
(d) Other exogenous toxins,	-	-	-			
11. With pellagra,	-	-	-			
12. With other somatic diseases, total,	-	-	-			
(a) Delirium with infectious diseases,	-	-	-			
(b) Post-infectious psychoses,	-	-	-			
(c) Exhaustion delirium,	-	-	-			
(d) Delirium of unknown origin,	-	-	-			
(e) Diseases of the ductless glands,	-	-	-			
(f) Cardiorenal disease,	-	-	-			
(g) Cancer,	-	-	-			
(h) Other diseases or conditions,	-	-	-			
13. Manic-depressive, total,	13	27	40			
(a) Manic type,	7	13	20			
(b) Depressive type,	6	12	18			
(c) Stupor,	-	-	-			
(d) Mixed type,	-	1	1			
(e) Circular type,	-	1	1			
14. Involution melancholia,	-	3	3			
15. Dementia præcox, total,	64	62	126			
(a) Paranoid type,	25	33	58			
(b) Katatonic type,	23	23	46			
(c) Hebephrenic type,	14	5	19			
(d) Simple type,	2	1	3			
16. Paranoia and paranoic conditions,	-	-	-			
17. Psychoneuroses, total,	-	-	-			
(a) Hysterical type,	-	-	-			
(b) Psychasthenic type,	-	-	-			
(c) Neurasthenic type,	-	-	-			
18. With mental deficiency,	6	4	10			
19. With constitutional psychopathic inferiority,	1	1	2			
20. Epileptic, total,	1	3	4			
(a) Deterioration,	1	1	2			
(b) Clouded states,	-	2	2			
(c) Other conditions,	-	-	-			

TABLE 14. — *Psychoses of Readmissions* — Concluded.

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
21. Undiagnosed, . . . . .	.	.	.	1	2	3
22. Not insane, total, . . . . .	.	.	.	4	1	5
(a) Epilepsy without psychosis,	—	—	—			
(b) Alcoholism without psychosis,	1	—	1			
(c) Drug addiction without psychosis,	—	—	—			
(d) Constitutional psychopathic inferiority with- out psychosis,	1	—	1			
(e) Mental deficiency without psychosis,	2	1	3			
(f) Others,	—	—	—			
Total, . . . . .	.	.	.	150	118	268

TABLE 15. — Discharges of Patients classified with Reference to Principal Psychoses and Condition of Discharge.

Psychoses.	TOTAL.			RECOVERED.			IMPROVED.			UNIMPROVED.			NOT INSANE.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	1	1	2	—	—	—	—	—	—	1	—	1	—	—	—
2. Senile,	1	4	5	—	—	—	—	—	—	—	—	—	—	—	—
3. With cerebral arteriosclerosis,	10	4	14	—	—	—	6	3	9	1	1	2	—	—	—
4. General paralysis,	13	3	16	—	—	—	10	2	12	3	4	7	—	—	—
5. With cerebral syphilis,	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
6. With Huntington's chorea,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases,	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—
9. Alcoholic,	76	8	84	47	4	51	23	4	27	6	—	6	—	—	—
10. Due to drugs and other exogenous toxins,	3	1	4	1	1	2	2	—	2	—	—	—	—	—	—
11. With pellagra,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases,	2	3	5	2	3	5	5	—	—	1	1	2	—	—	—
13. Manic-depressive,	14	40	54	8	25	33	4	14	19	—	—	—	—	—	—
14. Involution melancholia,	4	8	12	2	2	4	4	2	6	26	23	49	—	—	—
15. Dementia præcox,	67	48	115	—	—	—	41	25	66	2	—	2	—	—	—
16. Paranoia and paranoic conditions,	2	2	4	—	3	3	—	—	—	1	—	1	—	—	—
17. Psychoneuroses,	1	3	4	—	—	—	—	—	—	4	2	6	—	—	—
18. With mental deficiency,	14	5	19	—	—	—	10	3	13	—	—	—	—	—	—
19. With constitutional psychopathic inferiority,	2	1	3	—	—	—	1	1	2	1	2	3	—	—	—
20. Epileptic,	5	4	9	—	—	—	3	2	5	—	—	—	—	—	—
21. Undiagnosed,	3	1	4	3	—	3	—	—	—	—	—	—	—	—	—
22. Not insane,	17	6	23	—	—	—	—	—	—	—	—	—	17	6	23
Total,	236	132	368	61	38	99	106	56	162	52	32	84	17	6	23

TABLE 18. — *Total Duration of Hospital Life of Patients Dying in Hospital classified According to Psychoses.*

PSYCHOSES.	TOTAL.			MONTHS.												YEARS.					
				LESS THAN 1.			1-3.			4-7.			8-12.						1-2.			3-4.
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.			
1. Traumatic,	1	1	2	1	1	2	3	3	6	2	1	3	3	1	4	1	1	2			
2. Senile,	12	19	31	13	5	18	7	3	10	2	1	3	3	1	4	1	2	3			
3. With cerebral arteriosclerosis,	31	11	42	22	1	23	5	1	6	2	1	3	3	1	4	1	1	2			
4. General paralysis,	22	10	32	2	1	3	5	4	9	1	1	2	2	1	3	0	1	1			
5. With cerebral syphilis,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2			
6. With Huntington's chorea,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2			
7. With brain tumor,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2			
8. With other brain or nervous diseases,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2			
9. Alcoholic,	6	3	9	2	2	4	2	2	4	1	1	2	2	1	3	2	1	3			
10. Due to drugs and other exogenous toxins,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2			
11. With pellagra,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2			
12. With other somatic diseases,	4	12	16	1	3	4	1	1	2	1	1	2	1	1	2	1	1	2			
13. Manic-depressive,	3	2	5	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2			
14. Involution melancholia,	5	12	17	2	2	4	1	1	2	1	1	2	1	1	2	1	1	2			
15. Dementia præcox,	2	2	4	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2			
16. Paranoia and paranoid conditions,	2	2	4	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2			
17. Psychoneuroses,	2	2	4	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2			
18. With mental deficiency,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2			
19. With constitutional psychopathic inferiority,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2			
20. Epileptic,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2			
21. Undiagnosed,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2			
22. Not insane,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2			
Total,	90	78	168	22	17	39	16	9	25	6	3	9	6	5	11	21	10	31	9	9	18

TABLE 19. — *Family Care Department.*

	Males.	Females.	Totals.
Remaining Sept. 30, 1916,	1	46	47
Admitted within the year,	3	26	29
Nominally returned from visit for discharge, . .	—	1	1
Whole number of cases within the year, . . .	4	73	77
Dismissed within the year,	4	28	32
Returned to institution,	3	20	23
Discharged,	1	5	6
Died,	—	1	1
Visit,	—	—	—
Escaped,	—	2	2
Remaining Sept. 30, 1917,	—	45	45
Supported by the State,	—	31	31
Private,	—	8	8
Self-supporting,	—	6	6
Number of different persons within the year, . .	4	69	73
Number of different persons admitted, . . .	3	24	27
Number of different persons dismissed, . . .	4	27	31
Daily average number, . . . . .	.23	46.86	47.09
State,	—	34.55	34.55
Private,	—	5.88	5.88
Self-supporting, . . . . .	.23	6.43	6.66

EIGHTY-SIXTH ANNUAL REPORT
OF
THE TRUSTEES
OF THE
WORCESTER STATE HOSPITAL
FOR THE
YEAR ENDING NOVEMBER 30, 1918



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OFFICERS OF THE HOSPITAL.

TRUSTEES.

WILLIAM J. DELEHANTY,	WORCESTER.
EDWARD F. FLETCHER,	WORCESTER.
JOHN E. WHITE,	WORCESTER.
JOHN G. PERMAN,	WORCESTER.
DONALD GORDON,	BOSTON.
CAROLINE M. CASWELL,	BOSTON.
GEORGIE A. BACON,	WORCESTER.

RESIDENT OFFICERS.

B. HENRY MASON, M.D.,	<i>Acting Superintendent.</i>
DONALD R. GILFILLAN, M.D., ¹	<i>Assistant Physician.</i>
ARTHUR H. MOUNTFORD, M.D.,	<i>Senior Assistant Physician.</i>
JOHN C. LINDSAY, M.D., ¹	<i>Assistant Physician.</i>
MARIE C. LINDSAY, M.D.,	<i>Assistant Physician.</i>
ROBERT B. HARRIMAN, M.D.,	<i>Assistant Physician.</i>
HELEN W. HAM, M.D.,	<i>Assistant Physician.</i>
WILLIAM J. VIVIAN, M.D.,	<i>Assistant Physician.</i>
ADA F. HARRIS, M.D.,	<i>Pathologist.</i>
ELSIE I. RICHARDS, R.N.,	<i>Superintendent of Nurses.</i>
HERBERT W. SMITH,	<i>Steward.</i>
LILLIAN G. CARR,	<i>Matron.</i>
JOSEPH T. REYNOLDS,	<i>Farmer.</i>

NONRESIDENT OFFICERS.

JENNIE A. HARRINGTON,	<i>Social Service Worker.</i>
BURTON E. LORING, D.D.S.,	<i>Dentist.</i>
GEORGE E. PARESEAU,	<i>Druggist.</i>
JESSIE M. D. HAMILTON,	<i>Clerk.</i>
JAMES DICKISON, JR.,	<i>Engineer.</i>

¹ Leave of absence: Capt. Donald R. Gilfillan, M. C., U. S. A., A. E. F.; Lieut. John C. Lindsay, M. C., U. S. N.

The Commonwealth of Massachusetts.

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

The trustees of the Worcester State Hospital respectfully present their eighty-sixth annual report.

The year has been one of few accomplishments in the way of major improvements and repairs, of a keen realization of the needs as outlined in the reports of previous years, and a year of many changes. The Legislature of 1918 granted but one appropriation. This allowed for the renewal of plumbing in a small section of the main building.

The trustees realize that the demands of the world war made large appropriations impossible. With a return to more normal conditions we trust the means may be forthcoming to make the plumbing renewal complete, and to institute those other improvements of which there is great need, namely, the construction of a laundry and industrial building and the installation of a cold-storage plant.

The building erected at Hillside farm by the former State Board of Insanity is as yet unoccupied, owing to conditions beyond the control of the trustees and the administrative head of the institution. It is our belief that these conditions should be removed, and the building made suitable for occupancy at an early date.

The number of deaths from terminal cases and the epidemic of Spanish influenza made burial in the lot at Hope Cemetery no longer possible. A retired, attractive spot at Hillside farm

has been prepared for the interment of patients without friends or family ties.

The medical staff has been depleted to an even greater degree than last year owing to the demands of the military service and the larger salaries and privileges offered by other States and institutions.

The shortage in nurses, attendants and other employees has neared the acute stage at times, the high wages paid in governmental and industrial pursuits having been a deterrent factor in securing such assistance.

The trustees record with sorrow the death of their superintendent, Dr. Ernest V. Scribner, on Friday, June 14, 1918. In his death both the hospital and the State have lost a faithful and efficient servant. For more than thirty years he devoted himself to ameliorating the conditions of the insane in every way which science and humanity could suggest. To Dr. Scribner no inmate of the hospital became a mere case; his warm heart and generous sympathy made each an unfortunate human being to whom the utmost kindness and consideration should be shown. His broad outlook and sound judgment inspired confidence in all with whom he came in contact. His quiet humor and ability to see both sides of an argument enabled him to deal readily with difficult situations.

The trustees honor the memory of one who was not only an able and high-minded official, but under all circumstances a loyal, personal friend.

To his assistant, Dr. B. Henry Mason, now acting superintendent, we tender our grateful appreciation of the manner in which he has assumed the duties and responsibilities so suddenly put upon him.

To the other members of the staff and to the employees, one and all, we render thanks for the faithful services they have given.

In closing, we would voice the thought that has often been expressed in our board meetings. The limitations which the law now places upon Boards of Trustees seem to make the services required almost negligible in their value. The consideration of matters of routine which call for no initiative,

little judgment and questionable responsibility is not conducive to far-reaching results. Responsibility tends to enthusiasm and efficiency. Nothing that can be accomplished without enthusiasm and efficiency is the product of effective service.

Respectfully submitted,

GEORGIE A. BACON.
WILLIAM J. DELEHANTY.
EDWARD F. FLETCHER.
JOHN E. WHITE.
JOHN G. PERMAN.
DONALD GORDON.
CAROLINE M. CASWELL.

Nov. 30, 1918.

ACTING SUPERINTENDENT'S REPORT.

To the Trustees of the Worcester State Hospital.

I herewith respectfully submit the following report of the hospital for the year ending Nov. 30, 1918, it being the eighty-sixth annual report.

There remained on the hospital books Oct. 1, 1917, 1,774 patients, — 924 men and 850 women. During the year ending Sept. 30, 1918, there were admitted 633 patients, — 371 men and 262 women. Five hundred and thirteen patients — 276 men and 237 women — were discharged from the hospital. Of this number, 239 patients — 140 men and 99 women — were discharged; 209 patients — 109 men and 100 women — died; 64 patients — 26 men and 38 women — were transferred, leaving at the end of the statistical year, 1,894 patients, — 1,019 men and 875 women. One thousand five hundred and forty-nine patients — 837 men and 712 women — were actually in the hospital. Of this number, 1,351 were supported by the State, 99 by friends and 99 as reimbursing patients. Of the patients discharged, 56 were reported as recovered, 66 as improved and 75 as not improved. Thirty-two men and 10 women were discharged as not insane. One man and 31 women were transferred by the Massachusetts Commission on Mental Diseases to the Foxborough State Hospital; 17 men to the Gardner State Colony; 2 men to Wellesley Nervine; 1 man and 6 women to the State Infirmary; 2 men to the Westborough State Hospital; 1 man to Dr. Bessey's private hospital; 1 man to the Grafton State Hospital; 1 man to the Bridgewater State Hospital; and 1 woman to the Medfield State Hospital. Ten men and 4 women were removed from the State, and 2 men and 2 women were deported.

There remained in the hospital at the end of the year 8 more

patients than at the beginning. The smallest number under treatment on any one day was 1,547 patients, and the largest, 1,603. The daily average number was 1,576.17.

The percentage of recoveries, calculated upon the number of discharges and deaths, was 8; calculated upon the number of admissions it was 11.2.

The death rate was 11.5, calculated on the whole number of patients under treatment, and 7.5, calculated on the daily average number.

In comparison with the last year we find there have been 83 less patients admitted, but with an accumulation of 8 more at the end of the year. The Massachusetts Commission on Mental Diseases has transferred 44 less patients to other institutions, and the death rate on the total average number of patients shows a reduction over last year of 3.2. About one-fifth of all the persons admitted were suffering from dementia præcox.

It is interesting to note in the table on marital conditions of first admissions that of 154 cases of dementia præcox admitted the past two years, in whom the civil condition was single, about two-thirds of them were men; whereas of the 88 patients in this group that were married, nearly 58 per cent. were women.

In the past six months there has been a noticeable increase in the proportion of patients admitted, especially women, past middle life. The stress, worry and anxiety concomitant with the war may have served as an exciting cause of a mental breakdown in persons whose physical condition or state of environment would permit of no particular departure from their normal way of living. I feel, however, that the law for the compulsive employment of all able-bodied persons has been a factor worthy of consideration. If so, idleness should be regarded as conducive of mental breakdown, and employment a prophylactic as well as a therapeutic agent.

Pneumonia, general paresis of the insane and tuberculosis have been the principal causes of death, being 22, 11 and 9 per cent., respectively.

There has been a total of 154 emergency and observation admissions during the past year, and of this number only 100 were regularly committed. The others were discharged as not insane or because the reason for their commitment had ceased

to exist. When we stop to consider that of the total number of persons admitted during the last fiscal year 42, or over 6 per cent., were adjudged not insane by the hospital physicians and returned to the community, it would appear that too much investigation and study of the case could not be exercised by the committing physicians.

It frequently happens that a patient received at the hospital as an emergency case readjusts himself before the expiration of the ten-day period. By an extension of time to thirty days, thereby virtually converting the temporary care into an observation period, more patients would be saved the embarrassment of a regular commitment to an institution for the treatment of the insane, and there would be also quite a financial saving to the county. This would also afford the hospital physicians a longer period to observe and study the patient, which would be desirable in many doubtful cases. A departure from the medieval idea that institutions for the insane are in ways of discipline and treatment synonymous with prisons, and the adoption and application of the laws of public health and hygiene to the extent that persons in need of temporary care and treatment could be sent to a State hospital with as little trouble as though they were going to an institution for the treatment of some physical malady, should be hastened.

The general health of the hospital has been quite good during the year. One nurse contracted diphtheria and was sent to the isolation hospital. When the epidemic of Spanish influenza first broke out in our district, the institution was placed under a fairly strict quarantine. As the disease first appeared on the receiving wards we believe it was brought to us by newly admitted patients. It spread somewhat to other parts of the institution, but at no time reached serious proportions. There was a total of 140 cases, with 2 deaths from influenza and 31 due to complications from pneumonia.

One patient suffered from a chronic mental disease and with a protracted hospital residence, during which he had not at any time shown the least inclination towards self destruction, committed suicide by hanging. Another patient, whose physical and mental condition had become so enfeebled by the ravages of his disease that continuous bed treatment had been

necessary for some time, inspired small particles of food while being fed, causing him to cough or choke, bringing undue strain upon his heart, which caused acute dilation and death. These cases were reported to the medical examiner and Dr. Myrtelle M. Canavan of the Massachusetts Commission on Mental Diseases, both of whom viewed the bodies and investigated the cause of death. There was one death from pellagra, occurring in a woman who was received a short time before from the community.

There have been 6 patients admitted from the Reformatory for Women. Whenever an inmate of the prison for women becomes insane, her commitment to one of the hospitals for the care and treatment of the mentally ill becomes necessary. Patients with criminal instinct and also the so-called defective delinquent class interfere seriously with order and discipline on the wards of a State hospital, thus subjecting innocent patients to certain restrictions of personal liberties and privileges incident to the necessity for the maintenance of a discipline sufficiently rigorous to prevent unpleasant episodes or escape. It would be gratifying and to a certain extent help reduce the problem, not of the State hospitals alone, but also of the committing judges, if the Commonwealth could provide early accommodations for this class of cases elsewhere.

Intensive treatment of patients with salvarsan for neurosyphilis has been given by Dr. Arthur H. Mountford, senior assistant physician, and Dr. Ada F. Harris, pathologist. During the year, 26 patients received intravenous injection of diarsenol and arsphenamine. Eight have received amounts under 10 grams, and the remainder amounts varying from 10 to 30 grams each, in weekly doses of four grams to six-tenths of a gram in saline solution. The cases were not selected, but all showed evidence that the disease was of quite long standing. Four showed clinical improvement and were discharged to the out-patient department for weekly treatments. One trephine operation was performed and five intraventricular treatments of 15 cubic centimeters diarsenolized serum reinforced with 5 milligrams diarsenol were given to one parietic. This man exhibited a euphoric attitude and entertained many grandiose ideas. He was incoherent and rambling in conversation, un-

tidy, noisy and excited in manner at the time of operation. While he still retains the clinical symptoms and many of his grandiose ideas, the improvement in his condition is marked. He has become subdued in manner and enjoys partial parole. There is nothing special to be mentioned about the other cases treated.

The X-ray machine which was installed early in the year has been of great assistance in determining the diagnosis in many medical and surgical cases.

The hydrotherapeutic department has been active and of much value in the treatment of acute cases. Although we have not been able at times to keep the continuous baths in operation, they have been, on the whole, extensively used, as a therapeutic measure in dealing with patients acutely deluded and maniacal, characterized by excitement, unrest and insomnia. Many apathetic, inactive patients, also those in whom depression and morbid ideas led to a feeling of inadequacy and loss of interest in life, have been stimulated by a course of systematic treatment with the cabinet bath, spray, shower and Scotch douche followed by general massage and rest.

One of the first essentials in the treatment of persons mentally ill is to maintain a high standard of efficiency in the nursing force. The past year has been an unusually active and successful one for our school. Although short much of the time, the general personnel of the ward service has responded to the performance of extra duties during this emergency in a manner worthy of true patriotic Americans. The superintendent of the training school, Miss Emma J. Wright, resigned her position to go home and care for an invalid mother. This vacancy was filled temporarily by the promotion of Miss Laura Crouse, who resigned after the school year to enter private work. We were exceptionally fortunate in being able to secure the services of Mrs. Elsie I. Richards, who was formerly at the head of the school.

Miss Marian K. Libby, director of industrial therapeutics, resigned during the month of May, later entered the army service, and is now in France. The work has been carried on under the direction of Mrs. Elizabeth L. March, in the female

department, and Mr. Fred Corkum, in the male department. Early employment of acute cases is a valuable feature of treatment; by having their attention taken up with some useful occupation, thereby directing their minds along normal channels, mental improvement is hastened and mental deterioration is retarded or prevented in the subacute and chronic patients. An endeavor is made at all times to have the forms of occupation as varied as possible, and so chosen for the patient, individually, that it may not become arduous. Our goal idea is to cause an amelioration of the mental symptoms by means of applying the principals of industrial therapy, bearing in mind at all times that the pecuniary results are of secondary importance.

Due to the shortage of help we have been seriously handicapped in the continuous operation of the ward industries. It is by means of such diversional occupation that certain patients, who because of their peculiar ideas would not co-operate if they were asked to join a class in the industrial room, are reached.

The work of the social service department has been especially active. Many unusual problems have arisen from time to time, as a result of the war, relative to patients leaving the hospital on visit, or the necessity for their return. Patients out on trial visit are, as a rule, glad to have the social worker call, and a word of encouragement or advice often helps them to adjust their difficulties. Occasionally derogatory reports about patients out on visit, when thoroughly investigated, are found to have emanated from the mind of a meddlesome relative or neighbor. A system has recently been adopted whereby all patients on parole that do not report to the out-patient department shall be visited by the social worker before the expiration of their visit. Positions were found the past year for several patients who had recovered or improved to such an extent that they viewed life from a normal standpoint, but who had no friends or relatives sufficiently interested in their welfare to aid them.

Our dentist has visited the hospital Tuesday of each week, and reports the following work done for patients who are not

financially able to pay for the attention given: cleanings, 325; extractions, 160; amalgam fillings, 325; cement, 150; treatments, 125; pyorrhœa alveolaris treated, 200.

War conditions, the urgent demand for labor, large wages and the draft so depleted our force of employees, and rendered it so difficult to secure the services of competent people, that at one time a serious deficiency seemed to be threatened, especially on the ward services. Because of this shortage of help the standard of care has suffered greatly, having been reduced practically to a custodial one. Under these conditions I consider it almost miraculous that severe accidents and even homicidal acts have been avoided. All employees deserve to be commended for the service they have given. In the performance of arduous duties, at times under trying circumstances, they have been co-operative and shown an interest in the welfare of the unfortunates for the care and treatment of whom they were engaged.

It is to be hoped the close of the war, the return of conditions to normal and the adoption of the salary increases, as recommended by the Supervisor of Administration in his report on the standardization of salaries, will be of substantial assistance to us in securing the services of a full quota of faithful and competent people, and enable us to care for our patients in a scientific, rather than a merely custodial, manner.

Since the entrance of the United States into the world war, 36 people connected with the hospital have entered the service of their country. One of this number, Dr. Howard W. Beal, who was our consulting surgeon, has made the supreme sacrifice. Not only his skill, but his impressive and pleasing personality, won for him a high place in civil as well as military life.

An effort has been made the past year to have an increased farm production to assist in the conservation of other food supplies. Although confronted at times by obstacles over which there appeared to be no control, the operations in general have been very productive. Owing to the scarcity of farm labor every effort has been made to encourage patients to assist in the farm activities. As considerable more land was put into vegetables this year our hay production has been somewhat

reduced, which will require the purchase of an increased amount for the ensuing year, but the crops raised are of much more value than the hay would have been.

The dairy herd has done remarkably well the past year, the milk production being slightly in excess of our rational allowance.

A large amount of the pork used has been produced from our own piggery. We have been supplied with all fresh eggs needed from our hennery, which also furnished us with about 2,000 pounds of excellent young fowl for Thanksgiving.

In conforming to the wishes of the food administration in the conservation of sugar and wheat especially we have been assisted greatly by the rational allowance as prepared by the Massachusetts Commission on Mental Diseases. Some difficulty has been experienced in keeping within the specified limits as regards farinaceous foods. However, with this class of food, although issued to a certain scale, it has not been rigidly restricted, as any one who complained of not being satisfied has been allowed as much bread as he desired.

The following changes have taken place in the hospital staff: April 21, 1918, Dr. Ada F. Harris was appointed pathologist to fill the vacancy which had existed for several months. May 25, 1918, Dr. Clarence A. Bonner resigned to assume a more lucrative position in another State. Dr. James T. Adams resigned in July in order that he might give more time to private business matters. This vacancy was filled by the appointment on October 1 of Dr. Robert B. Harriman. November 1 Dr. Helen W. Ham was appointed assistant physician. Dr. Arthur H. Mountford was promoted to senior assistant physician during the month of June. Dr. John C. Lindsay was granted a leave of absence on Feb. 8, 1918, to enter the service of the United States Navy. Now that an armistice has been signed, we hope that both Dr. Lindsay and Dr. Donald R. Gilfillan, who has been in the medical corps of the United States Army since August of last year, will soon be able to return to the hospital. The steward, Mr. Arthur E. Gilman, who had rendered several years of able and efficient service to the institution, was transferred to the Boston State Hospital to fill a similar position.

One of the urgent needs of our district is a psychopathic department where all persons apprehended because of irregular conduct due to some mental disturbance could be sent for care and observation until recovery takes place or proper disposition of the case is made. The institution on Summer Street could be converted into a psychopathic hospital at a much less expense than would be incurred by the erection of a new building. It is well located, which is an essential feature, as such an institution should be near the center of population for the convenience of committing magistrates and officers, and to promote frequency of visitation of the friends and relatives of patients. It would be easily accessible for medical men in the community to attend clinics and become better acquainted with the symptoms of incipient mental disease; and in co-operation with the hospital authorities it would be a potent factor in the education of the general public relative to the principles of mental hygiene. Not only would great benefit result from the establishment of such a department where intensive study and scientific investigation could be made of acute cases, but our receiving wards would not be subjected to the confusion and disturbance produced by the delirious and turbulent cases that make up such a large proportion of emergency admissions.

The last Legislature granted an appropriation for the provision of a water supply at our Shrewsbury Colony. The surveying has been done and the pipe purchased, but the trench work has been left for the coming winter, as the low land through which the line will run is covered with surface water for a considerable distance and will render work after freezing easier and less expensive. Owing to the marked advance in the cost of materials the amount appropriated will not be sufficient to complete the work, and an additional appropriation should be asked for this year to purchase and erect a tank of sufficient capacity to provide for domestic purposes and afford adequate fire protection. Disposal of the sewage has been made by means of surface irrigation. As this flows onto land which is a part of the watershed supplying our wells, some method of sewerage purification must be provided. The Massachusetts Commission on Mental Diseases have under consideration plans for the accommodation of more employees, which must be pro-

vided before the building can be occupied by patients. As the appropriation granted by the last General Court for the renovation of plumbing in eight wards (Resolves of 1918, chapter 50) was only one-half the amount requested, only one-half of the work has received attention. In view of the fact that the plumbing is obsolete, unsanitary and a menace to the health of the patients, I would request of your Board that an appropriation of \$6,000 be asked from the next Legislature to renovate the plumbing in four wards. Although our needs are great, the high cost of building materials seems to be sufficient reason for procrastination in asking for other special appropriations this year. In this connection, I would, however, call your attention to one of the most urgent needs of the institution. We have no refrigerating plant. Our meat and other rooms used for cold storage are cooled by the primitive and expensive method of overhead ice boxes. These ice boxes are old and unless other means of refrigeration are provided will need extensive repairs. Our storerooms are scattered about the property; these should be centralized. The erection of a storehouse in close proximity to the main kitchen would be of great economic value to the institution by increasing efficiency and reducing labor in the department.

The lot at Hope Cemetery, where the bodies of patients dying at the hospital have been buried in all cases where there were no friends or relatives to assume charge of the remains, became filled during the year. After giving this matter careful consideration the trustees decided to open a cemetery on the grounds of the institution. An ideal tract of land for this purpose was found at our Shrewsbury Colony.

Religious services have been held regularly by representatives of the Catholic, Protestant and Jewish faiths.

Dances, entertainments and various diversional activities have been held in Sargent Hall.

I wish to thank the publishers of the "Fitchburg Sentinel" for copies of their paper, the Worcester Employment Society for sewing, and also friends of the hospital who have sent literature and other gifts.

I desire to thank the staff and heads of departments of the institution for their loyal and strenuous services during this

time of stress when the shortage of help rendered the responsibility of those who remained at their posts to perform the valuable and necessary work much harder and at times involved the sacrifice of their own feelings.

Early in the morning of June 14, 1918, the institution was enclosed in an atmosphere of deep sadness due to the death of the superintendent, Dr. Ernest V. Scribner. He was held in high esteem by all who knew him, and it was with keen appreciation and regret that those connected with the hospital felt the loss. His executive ability and clinical skill won for him the confidence of all officers, and his dignified yet democratic and friendly manner their highest respect.

In conclusion I wish to express my feelings of gratitude to the Board of Trustees for their assistance and support in the discharge of the responsible duties with which I have been entrusted.

B. HENRY MASON,

Acting Superintendent.

Nov. 30, 1918.

LABORATORY REPORT.

To the Acting Superintendent of the Worcester State Hospital.

The following report of the laboratory work for the year ending Nov. 30, 1918, is respectfully submitted.

The laboratory work has been impeded by the urgent demand of the assistance of the pathologist on the clinical staff and the lack of a trained technician.

The following work has been completed: —

Urinary analysis,	767
Cerebrospinal fluid examinations,	77
Sputum examinations,	34
Throat cultures,	7
Throat smears,	5
Post-mortem cultures,	33
Blood culture,	1
Blood count,	5
Examination of fluid from hydrocele,	1
Examination of fluid from knee,	1
Examination of feces,	1
Gastric analysis,	2
Smears from vagina and cervix,	8
<hr/>	
Total,	942

Eighty-one autopsies have been performed with the following psychiatric and major anatomical diagnoses: —

Psychoses: —

Senile,	23
Dementia præcox,	12
General paresis,	19
Delirium, not insane,	1
Toxic exhaustive,	4
With cerebral arteriosclerosis,	8
Manic-depressive,	6

Tabo-paresis,	1
Cerebral spinal syphilis,	1
Involucional melancholia,	2
Chronic alcoholic hallucinosis,	1
Unclassified,	2
Imbecile,	1
<hr/>	
Total,	81

The major anatomical diagnoses were:—

Lobar pneumonia,	17
Broncho-pneumonia,	8
Pulmonary tuberculosis,	8
Tuberculous pleuritis,	1
Tuberculous meningitis,	1
Cerebrospinal meningitis (not meningococci),	2
Ulceration of stomach,	1
Acute ulcerative colitis,	2
Chronic dilatation of stomach,	1
Scirrhus cancer of breast,	1
Carcinoma of rectum and liver,	1
Sarcoma,	1
Brain tumor,	1
Acute vegetative endocarditis,	3
Chronic myocarditis,	4
Cardiovascular-renal disease,	7
Coronary thrombosis,	1
General arteriosclerosis,	3
Cerebral hemorrhage,	1
Atrophic cirrhosis of liver,	2
Interstitial nephritis & pulmonary α dema,	1
Pyæmia (septic dermatitis),	1
Cystitis and pyelonephritis,	1
General paresis,	8
Strangulated hernia,	1
Exophthalmic goiter,	1
Asphyxiation by food in bronchi,	1
Suicide by hanging,	1
<hr/>	
Total,	81

A. F. HARRIS,

Pathologist.

Nov. 30, 1918.

VALUATION.

Nov. 30, 1918.

REAL ESTATE.

Land (578 acres),	\$274,040 00
Buildings,	1,611,647 54
	<hr/>
	\$1,885,687 54

PERSONAL PROPERTY.

Travel, etc.,	\$4,131 61
Food,	12,328 70
Clothing,	8,502 82
Furnishings,	101,607 68
Medical and general care,	18,311 56
Heat, light and power,	39,434 88
Farm and stable,	54,373 36
Grounds,	2,217 09
Repairs,	6,864 10
Industries,	2,943 12
	<hr/>
	\$250,714 92

SUMMARY.

Real estate,	\$1,885,687 54
Personal property,	250,714 92
	<hr/>
	\$2,136,402 46

TREASURER'S REPORT.

To the Trustees of the Worcester State Hospital.

I respectfully submit the following report of the finances of this institution for the fiscal year ending Nov. 30, 1918:—

CASH ACCOUNT.

Balance Dec. 1, 1917,	\$17,609 73
-----------------------	-------------

Receipts:

Institution Receipts.

Board of inmates:—

Private,	\$42,007 09
Reimbursements, insane,	23,402 17

\$65,409 26

Sales:—

Travel, transportation and office expenses,	\$54 97
Food,	242 85
Clothing and materials,	291 21
Furnishings and household supplies,	22 30
Medical and general care,	86 06

Farm and stable:—

Cows and calves,	\$2,200 00
Pigs and hogs,	1,498 18
Hides,	58 85
Sundries,	400 21

4,157 24

Repairs, ordinary,	210 42
------------------------------	--------

5,065 05

Miscellaneous receipts:—

Interest on bank balances,	\$1,090 01
Sundries,	92 13

1,182 14

Sales, account of industries, appropriation,	410 00
--	--------

71,656 45

Receipts from Treasury of Commonwealth.

Maintenance appropriations:—

Balance of 1917,	\$5,209 50
Advance money (amount on hand November 30),	15,000 00
Approved schedules of 1918,	455,067 27

475,276 77

Special appropriations,	6,666 83
-----------------------------------	----------

Industries appropriation,	489 96
-------------------------------------	--------

Total,	\$572,109 74
------------------	--------------

Payments.

To treasury of Commonwealth, institution receipts, . . . \$72,066 45

Maintenance appropriations:—

Balance November schedule, 1917, . . .	\$22,819 23	
Eleven months' schedules, 1918, . . .	455,067 27	
November advances, . . .	11,590 38	
	<hr/>	489,476 88

Special appropriations:—

Approved schedules, . . .	6,666 83
---------------------------	----------

Industries appropriation:—

Approved schedules, eleven months, 1918, . . .	489 96
--	--------

Balance Nov. 30, 1918:—

In bank, . . .	\$3,012 41	
In office, . . .	397 21	
	<hr/>	3,409 62

Total, . . .	\$572,109 74
--------------	--------------

MAINTENANCE.

Appropriation, current year, . . .	\$498,193 09
Balance from previous year brought forward, . . .	44 33

Total, . . .	\$498,237 42
--------------	--------------

Expenses (as analyzed below), . . .	487,520 03
-------------------------------------	------------

Balance reverting to treasury of Commonwealth, . . .	\$10,717 39
--	-------------

Analysis of Expenses.

Salaries, wages:—

Ernest V. Scribner, superintendent, to June 14, 1918, . . .	\$2,144 44	
B. Henry Mason, acting superintendent, from June 15, 1918, . . .	1,033 33	
General administration, . . .	44,696 60	
Medical service, . . .	12,395 51	
Ward service (male), . . .	25,368 97	
Ward service (female), . . .	29,869 17	
Repairs, . . .	14,814 91	
Farm and stable, . . .	15,013 97	
Grounds, . . .	1,330 02	
	<hr/>	\$146,616 92

Religious instruction:—

Catholic, . . .	\$600 00	
Jewish, . . .	250 00	
Protestant, . . .	160 00	
	<hr/>	1,010 00

Amount carried forward, . . .	\$147,676 92
-------------------------------	--------------

Amount brought forward, \$147,676 92

Travel, transportation and office expenses:—

Advertising,	\$298 50
Automobile repairs and supplies,	1,472 72
Postage,	945 26
Printing and binding,	570 51
Printing annual report,	263 72
Stationery and office supplies,	955 98
Telephone and telegraph,	868 09
Travel,	1,099 92
Freight,	15 61

6,490 31

Food:—

Butter,	\$2,372 65
Butterine,	9,701 79
Beans,	2,641 89
Bread, crackers, etc.,	182 29
Canned soups,	3 60
Cereals, rice, meal, etc.,	6,598 22
Cheese,	1,026 64
Eggs,	7,374 77
Flour,	21,330 25
Fish (fresh, cured and canned),	7,027 18
Fruit (fresh),	866 52
Fruit (dried and preserved),	1,762 49
Lard and substitutes,	2,101 83
Macaroni and spaghetti,	1,083 60
Meats,	32,632 60
Milk (fresh and substitutes),	83 31
Molasses and syrups,	875 99
Potatoes,	4,957 48
Seasonings and condiments,	754 04
Sugar,	3,328 03
Tea, coffee, cocoa, etc.,	2,434 68
Vegetables (fresh),	69 66
Vegetables (canned and dried),	972 38
Yeast, baking powder, etc.,	224 14
Sundries,	464 43

110,870 46

Clothing and materials:—

Boots, shoes and rubbers,	\$2,100 81
Clothing (outer),	4,522 40
Clothing (under),	1,325 41
Dry goods for clothing,	5,518 15
Hats and caps,	30 00
Leather and shoe findings,	157 74
Socks and small wares,	1,013 46
Freight,	57 39

14,725 36

Furnishings and household supplies:—

Beds, bedding, etc.,	\$10,085 63
Carpets, rugs, etc.,	590 19
Crockery, glassware, cutlery, etc.,	1,685 92

Amounts carried forward, \$12,361 75 \$279,763 05

Amounts brought forward, \$12,361 75 \$279,763 05

Furnishings and household supplies — *Con.*

Dry goods and small wares,	495 46	
Furniture, upholstery, etc.,	2,106 82	
Kitchen and household wares,	3,935 10	
Laundry supplies and materials,	5,465 46	
Lavatory supplies and disinfectants,	2,195 83	
Table linen, paper napkins, towels, etc.,	1,451 02	
Freight,	105 87	
Electric lamps,	642 80	
	<hr/>	28,760 10

Medical and general care: —

Books, periodicals, etc.,	\$407 10	
Entertainments, games, etc.,	560 75	
Funeral expenses,	904 00	
Gratuities,	85 61	
Ice and refrigeration,	294 09	
Laboratory supplies and apparatus,	364 38	
Manual training supplies,	28 31	
Medicines (supplies and apparatus),	3,784 42	
Medical attendance (extra),	805 86	
Patients boarded out,	6,013 50	
Return of runaways,	223 52	
Sputum cups, etc.,	34 86	
Tobacco, pipes, matches,	2,088 67	
Water,	6,901 84	
Freight,	70 43	
	<hr/>	22,567 34

Heat, light and power: —

Coal,	\$91,825 67	
Freight on coal and other expenses,	10,808 46	
Electricity,	78 82	
Gas,	788 65	
Oil,	263 11	
Operating supplies for boilers and engines,	321 16	
Freight,	10 36	
	<hr/>	104,096 23

Farm and stable: —

Bedding materials,	\$229 22
Blacksmithing and supplies,	626 01
Carriages, wagons and repairs,	632 68
Dairy equipment and supplies,	48 50
Fertilizers,	992 29
Grain, etc.,	22,003 71
Hay,	5,073 88
Harnesses and repairs,	136 90
Other live stock,	635 00
Labor (not on pay roll),	107 37
Rent,	250 00
Spraying materials,	87 39
Stable and barn supplies,	156 03

Amounts carried forward, \$30,978 98 \$435,186 72

<i>Amounts brought forward,</i>	\$30,978 98	\$435,186 72
Farm and stable — <i>Con.</i>		
Tools, implements, machines, etc.,	2,417 47	
Trees, vines, seeds, etc.,	443 44	
Veterinary services, supplies, etc.,	580 05	
Freight,	447 47	
	<hr/>	34,867 41
Grounds: —		
Fertilizers,	\$5 00	
Labor (not on pay roll),	265 52	
Tools, implements, machines, etc.,	50 61	
Trees, vines, shrubs, seeds, etc.,	162 11	
Freight,	7 87	
	<hr/>	491 11
Repairs, ordinary: —		
Brick,	\$395 43	
Cement, lime, crushed stone, etc.,	85 88	
Electrical work and supplies,	376 78	
Hardware, iron, steel, etc.,	2,019 33	
Lumber, etc. (including finished products),	3,213 42	
Paint, oil, glass, etc.,	3,978 64	
Plumbing and supplies,	696 97	
Roofing and materials,	1,919 90	
Steam fittings and supplies,	652 57	
Tents, awnings, etc.,	3 00	
Tools, machines, etc.,	318 76	
Boilers, repairs,	623 78	
Engines, repairs,	336 02	
Freight,	41 30	
Machinery repairs,	117 25	
	<hr/>	14,779 03
Repairs and renewals: —		
New shell for hot-water heater in boiler house,	\$835 00	
Vegetable steamers,	1,269 10	
Freight,	13 66	
Seam dampener,	78 00	
	<hr/>	2,195 76
Total expenses for maintenance,		\$487,520 03

SPECIAL APPROPRIATIONS.

Balance Dec. 1, 1917,	\$5,135 77
Appropriations for fiscal year,	16,885 00
	<hr/>
Total,	\$22,020 77
Expended during the year,	6,666 83
	<hr/>
Balance Nov. 30, 1918,	\$15,353 94

RESOURCES AND LIABILITIES.

Resources.

Cash on hand,	\$3,409 62	
November cash vouchers (paid from advance money), account of maintenance,	11,590 38	
Due from treasury of Commonwealth from available appropriation, account of November, 1918, schedule (maintenance industries),	17,452 76	
	<hr/>	\$32,452 76

Liabilities.

Schedule of November bills (maintenance industries),	\$32,452 76
--	-------------

PER CAPITA.

During the year the average number of inmates has been 1,575.67.

Total cost for maintenance, \$487,520.03.

Equal to a weekly per capita cost of \$5.95.

Receipt from sales, \$5,475.05.

Equal to a weekly per capita of \$0.0668.

All other institution receipts, \$66,591.40.

Equal to a weekly per capita of \$0.8127.

INDUSTRIES.

Appropriation,	\$500 00
Expenditures, approved schedules (see statement annexed),	489 96
	<hr/>
Balance reverting to treasury of the Commonwealth,	\$10 04

Expenditures.

Tools and machinery:—

Awl,	\$0 20	
Bitstock,	2 87	
Hangers,	10	
Holders,	20	
Hooks,	19 42	
Hoops,	40	
Jeweler's saw,	1 98	
Knives,	2 23	
Needles,	21 81	
Patterns,	1 15	
Pens,	1 40	
Pliers,	1 73	
Shuttles,	85	
	<hr/>	\$54 34

Materials:—

Coir yarn,	\$45 50	
Dresses,	1 18	
Dyes,	71 21	
Gown,	85	
	<hr/>	

<i>Amounts carried forward,</i>	\$118 74	\$54 34
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Amounts brought forward, \$118 74 \$54 34

Materials — *Con.*

Handkerchiefs,	1 50	
Linen,	10 00	
Pillows,	1 18	
Pillow cases,	85	
Ribbons,	10 19	
Rings,	51	
Shades,	1 93	
Stamped material,	9 35	
Silk,	4 25	
Thread,	199 13	
Thrums,	30 00	
Twine,	10	
Waste cotton,	15 00	
Yarn,	27 99	
Figures,	4 90	
	<hr/>	435 62
		<hr/>
		\$489 96

Respectfully submitted,

B. HENRY MASON,

Acting Treasurer.

Examined and found correct as compared with the records in the office of the Auditor of the Commonwealth.

ALONZO B. COOK,

Auditor.

STATEMENT OF FUNDS.

PATIENTS' FUND.

Balance on hand Nov. 30, 1917,	\$6,217 15	
Receipts,	5,894 36	
Interest,	217 93	
	<hr/>	\$12,329 44
Refunded,	\$4,491 94	
Interest paid to State Treasurer,	482 27	
	<hr/>	4,974 21
		<hr/>
		\$7,355 23

Investment.

Worcester County Institution for Savings,	\$2,000 00	
Worcester Five Cents Savings Bank,	1,000 00	
Worcester Mechanics Savings Bank,	1,000 00	
Balance Worcester Bank and Trust Company,	2,930 15	
Cash on hand Dec. 1, 1918,	425 08	
	<hr/>	\$7,355 23

LEWIS FUND.

Balance on hand Nov. 30, 1917,	\$1,600 45	
Income,	66 99	
	<hr/>	\$1,667 44
Expended for books, etc.,		18 30
		<hr/>
		\$1,649 14

Investment.

American Telephone and Telegraph Company collateral trust 4 per cent. bond,	\$926 36	
Worcester County Institution for Savings,	349 44	
Mechanics National Bank, savings department,	334 55	
Balance Worcester Bank and Trust Company,	38 79	
	<hr/>	\$1,649 14

WHEELER FUND.

Balance on hand Nov. 30, 1917,	\$6,089 21	
Income,	174 95	
Worcester National Bank in liquidation,	108 00	
	<hr/>	\$6,372 16
Expended for books, etc.,		103 91
		<hr/>
		\$6,268 25

Investment.

American Telephone and Telegraph Company collateral trust 4 per cent. bond,	\$712 50	
Worcester County Institution for Savings,	332 00	
Worcester Five Cents Savings Bank,	403 85	
Mechanics Savings Bank,	211 50	
Mechanics National Bank, savings department,	377 57	
Third Liberty Loan bonds,	4,000 00	
Balance Worcester Bank and Trust Company,	230 83	
	<hr/>	\$6,268 25

MANSON FUND.

Balance Worcester County Institution for Savings,	\$1,182 45	
Income,	47 76	
	<hr/>	\$1,230 21
Expended for entertainment, etc.,		83 75
		<hr/>
		\$1,146 46

Investment.

Worcester County Institution for Savings,	\$1,146 46
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Respectfully submitted,

B. HENRY MASON,

Acting Treasurer.

Nov. 30, 1918.

N. B. — The values assigned to the above securities are their respective purchase prices.

STATISTICAL TABLES

AS ADOPTED BY AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION.

[PRESCRIBED BY MASSACHUSETTS COMMISSION ON MENTAL DISEASES.]

STATISTICAL TABLES.

TABLE 1. — *General Information.*

1. Date of opening as an institution for the insane: Jan. 18, 1833.		
2. Type of institution: State.		
3. Hospital plant:—		
Value of hospital property:—		
Real estate, including buildings,	\$1,911,721	09
Personal property,	250,714	92
	<hr/>	
Total,	\$2,162,436	01
Total acreage of hospital property, 578.15.		
Acreage under cultivation during year, 201 $\frac{1}{4}$.		

4. Medical service:—	Men.	Women.	Total.
Superintendents (acting),	1	—	1
Assistant physicians,	2	3	5
Medical internes,	—	—	—
Clinical assistants,	—	—	—
	<hr/>		<hr/>
Total,	3	3	6

5. Employees on pay roll (not including physicians):—	Men.	Women.	Total.
Graduate nurses,	—	14	14
Other nurses and attendants,	54	47	101
All other employees,	71	69	140
	<hr/>		<hr/>
Total employees,	125	130	255

	Men.	Women.	Total.
6. Patients employed in industrial classes or in general hospital work on date of report,	226	194	420
7. Patients in institution on date of report (excluding paroles),	819	759	1,578

TABLE 2. — *Financial Statement.*

See treasurer's report for data requested under this table.

TABLE 3. — *Movement of Patient Population for the Year ending Sept. 30, 1918.*

	INSANE.			SANE, VOLUNTARY.			INBRIATE.			TOTAL ON BOOKS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Patients on books of institution Sept. 30, 1917,	921	850	1,771	3	—	3	—	—	—	924	850	1,774
Admissions during year: —												
(a) First admissions,	220	166	386	—	—	—	—	—	—	220	166	386
(b) Readmissions,	149	92	241	—	—	—	—	—	—	149	92	241
Total admissions,	369	258	627	—	—	—	—	—	—	369	258	627
(c) Transfers from other institutions for the insane,	2	4	6	—	—	—	—	—	—	2	4	6
2. Total received during year,	371	262	633	—	—	—	—	—	—	371	262	633
3. Total under treatment during year,	1,292	1,112	2,404	3	—	3	—	—	—	1,295	1,112	2,407
Discharged from books during year: —												
(a) As recovered,	33	23	56	—	—	—	—	—	—	33	23	56
(b) As improved,	27	39	66	—	—	—	—	—	—	27	39	66
(c) As unimproved,	48	27	75	—	—	—	—	—	—	48	27	75
(d) As not insane,	31	10	41	1	—	1	—	—	—	32	10	42
(e) Transferred to other institutions for the insane,	26	38	64	—	—	—	—	—	—	26	38	64
(f) Died during year,	109	100	209	—	—	—	—	—	—	109	100	209
(g) Nominally dismissed for change of status,	—	—	—	1	—	1	—	—	—	1	—	1
(h) Nominally dismissed from books during year,	274	237	511	2	—	2	—	—	—	276	237	513
5. Patients remaining on books of institution Sept. 30, 1918,	1,018	875	1,893	1	—	1	—	—	—	1,019	875	1,894
<i>Supplementary Data.</i>												
6a. Average daily number of patients on books during the year,	971.50	860.46	1,831.96	2.88	—	2.88	—	—	—	974.38	860.46	1,834.84
6b. Average daily number of patients actually in the institution during the year,	826.72	703.48	1,530.20	1.30	—	1.30	—	—	—	828.02	703.48	1,531.50
7a. Average daily number of patients in family care,	—	44.67	44.67	—	—	—	—	—	—	—	44.67	44.67
7b. Average daily number of patients on visit and escape,	144.78	112.31	257.09	1.58	—	1.58	—	—	—	146.36	112.31	258.67
8. Number of voluntary patients admitted during year,	4	5	9	—	—	—	—	—	—	4	5	9
9. Number of temporary-care cases admitted during the year,	107	52	159	—	—	—	—	—	—	107	52	159

TABLE 4. — *Nativity of First Admissions and of Parents of First Admissions.*

NATIVITY.	PATIENTS.			PARENTS OF MALE PATIENTS.			PARENTS OF FEMALE PATIENTS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
United States,	108	79	187	46	49	95	40	36	76
Africa,	—	—	—	—	—	—	—	—	—
Asia,	—	—	—	—	—	—	—	—	—
Atlantic Islands,	—	—	—	—	—	—	—	—	—
Australia,	—	—	—	—	—	—	—	—	—
Austria,	4	3	7	5	5	10	3	3	6
Belgium,	—	—	—	—	—	—	—	—	—
Bohemia,	—	—	—	—	—	—	—	—	—
Canada,	15	21	36	27	27	54	27	31	58
Central America,	—	—	—	—	—	—	—	—	—
China,	—	—	—	1	1	2	—	—	—
Cuba,	—	—	—	—	—	—	—	—	—
Denmark,	—	1	1	—	—	—	2	2	4
England,	7	4	11	8	7	15	9	6	15
Europe,	—	—	—	—	—	—	—	—	—
Finland,	10	4	14	10	10	20	4	4	8
France,	—	—	—	—	1	1	—	—	—
Germany,	2	2	4	2	3	5	2	2	4
Greece,	5	2	7	5	5	10	2	2	4
Hawaii,	—	—	—	—	—	—	—	—	—
Holland,	—	1	1	—	—	—	—	—	—
Hungary,	—	—	—	—	—	—	—	—	—
India,	—	—	—	—	—	—	—	—	—
Ireland,	25	19	44	54	49	103	28	30	58
Italy,	7	3	10	7	7	14	3	3	6
Japan,	—	—	—	—	—	—	—	—	—
Mexico,	—	—	—	—	—	—	—	—	—
Norway,	3	—	3	3	3	6	—	—	—
Philippine Islands,	—	—	—	—	—	—	—	—	—
Poland,	3	6	9	3	3	6	6	6	12
Porto Rico,	—	—	—	—	—	—	—	—	—
Portugal,	2	—	2	2	2	4	—	—	—
Roumania,	—	—	—	—	—	—	—	—	—
Russia,	12	13	25	13	13	26	13	13	26
Scotland,	4	2	6	3	3	6	3	3	6
South America,	—	—	—	—	—	—	—	—	—
Spain,	—	—	—	—	—	—	—	—	—
Sweden,	6	4	10	9	9	18	6	6	12
Switzerland,	—	—	—	—	—	—	—	—	—
Turkey in Asia,	—	—	—	—	—	—	—	—	—
Turkey in Europe,	4	—	4	4	4	8	—	—	—
Wales,	—	—	—	—	1	1	1	1	2
West Indies,	1	—	1	1	1	2	—	—	—
Other countries,	—	—	—	—	—	—	1	1	2
Born at sea,	—	—	—	—	—	—	—	—	—
Total foreign born,	110	85	195	157	154	311	110	113	223
Unascertained,	2	2	4	17	17	34	16	17	33
Grand total,	220	166	386	220	220	440	166	166	332

TABLE 5. — *Citizens of First Admissions.*

	Males.	Females.	Totals.
Citizens by birth,	108	79	187
Citizens by naturalization,	5	7	12
Aliens,	24	8	32
Citizenship unascertained,	83	72	155
Total,	220	166	386

TABLE 6. — *Psychoses of First Admissions.*

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	-	-	-	-	-	-
2. Senile, total,	-	-	-	22	33	55
(a) Simple deterioration,	15	14	29	-	-	-
(b) Presbyophrenic type,	-	-	-	-	-	-
(c) Delirious and confused states,	-	2	2	-	-	-
(d) Depressed and agitated states in addition to deterioration,	2	3	5	-	-	-
(e) Paranoid states in addition to deterioration,	5	14	19	-	-	-
3. With cerebral arteriosclerosis,	-	-	-	17	6	23
4. General paralysis,	-	-	-	20	8	28
5. With cerebral syphilis,	-	-	-	2	4	6
6. With Huntington's chorea,	-	-	-	1	-	1
7. With brain tumor,	-	-	-	-	-	-
8. With other brain or nervous diseases, total,	-	-	-	1	2	3
Cerebral embolism,	-	-	-	-	-	-
Paralysis agitans,	-	-	-	-	-	-
Tubercular or other forms of meningitis,	-	-	-	-	-	-
Multiple sclerosis,	-	-	-	-	-	-
Tabo-paresis,	1	-	1	-	-	-
Acute chorea,	-	-	-	-	-	-
Other conditions,	-	2	2	-	-	-
9. Alcoholic, total,	-	-	-	37	5	42
(a) Pathological intoxication,	-	-	-	-	-	-
(b) Delirium tremens,	4	-	4	-	-	-
(c) Acute hallucinosis,	18	2	20	-	-	-
(d) Acute paranoid type,	2	-	2	-	-	-
(e) Korsakow's psychosis,	-	1	1	-	-	-
(f) Chronic hallucinosis,	1	2	3	-	-	-
(g) Chronic paranoid type,	8	-	8	-	-	-
(h) Alcoholic deterioration,	4	-	4	-	-	-
(i) Other types, acute or chronic,	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins, total,	-	-	-	-	2	2
(a) Morphine, cocaine, bromides, chloral, etc.,	-	-	-	-	-	-
alone or combined,	-	1	1	-	-	-
(b) Metals, as lead, arsenic, etc.,	-	-	-	-	-	-
(c) Gases,	-	-	-	-	-	-
(d) Other exogenous toxins,	-	1	1	-	-	-
11. With pellagra,	-	-	-	-	-	-
12. With other somatic diseases, total,	-	-	-	5	9	14
(a) Delirium with infectious diseases,	-	-	-	-	-	-
(b) Post-infectious psychoses,	-	-	-	-	-	-
(c) Exhaustion delirium,	-	9	9	-	-	-
(d) Delirium of unknown origin,	-	-	-	-	-	-
(e) Diseases of the ductless glands,	-	-	-	-	-	-
(f) Cardiorrenal disease,	5	-	5	-	-	-
(g) Cancer,	-	-	-	-	-	-
(h) Pernicious anæmia,	-	-	-	-	-	-

TABLE 6. — *Psychoses of First Admissions* — Concluded.

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
13. Manic-depressive, total,				7	9	16
(a) Manic type,	3	1	4			
(b) Depressive type,	3	8	11			
(c) Stupor,	—	—	—			
(d) Mixed type,	1	—	1			
(e) Circular type,	—	—	—			
14. Involution melancholia,				2	11	13
15. Dementia præcox, total,				62	50	112
(a) Paranoid type,	23	16	39			
(b) Katatonic type,	9	18	27			
(c) Hebephrenic type,	20	13	33			
(d) Simple type,	10	3	13			
16. Paranoia and paranoic conditions,				1	5	6
17. Psychoneuroses, total,				—	—	—
(a) Hysterical type,	—	—	—			
(b) Psychasthenic type,	—	—	—			
(c) Neurasthenic type,	—	—	—			
18. With mental deficiency,				5	2	7
19. With constitutional psychopathic inferiority,				2	—	2
20. Epileptic, total,				5	4	9
(a) Deterioration,	1	1	2			
(b) Clouded states,	3	3	6			
(c) Other conditions,	1	—	1			
21. Undiagnosed,				3	5	8
22. Not insane, total,				28	11	39
(a) Epilepsy without psychosis,	2	—	2			
(b) Alcoholism without psychosis,	12	2	14			
(c) Drug addiction without psychosis,	—	—	—			
(d) Constitutional psychopathic inferiority with-						
out psychosis,	4	5	9			
(e) Mental deficiency without psychosis,	10	3	13			
(f) Others,	—	1	1			
Total,				220	166	386

TABLE 7. — Race of First Admissions classified with Reference to Psychoses.

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RACE.	TOTAL.			PSYCHOSES.						WITH CEREBRAL ARTERIO-SCLEROSIS.			GENERAL PARALYSIS.			WITH CEREBRAL SYPHILIS.			WITH HUNTINGTON'S CHOREA.			WITH BRAIN TUMOR.		
	Males.	Females.	Totals.	TRAUMATIC.			SENILE.			Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
				Males.	Females.	Totals.	Males.	Females.	Totals.															
African (black),	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
American Indian,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Armenian,	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bulgarian,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chinese,	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cuban,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dutch and Flemish,	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
East Indian,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
English,	10	6	16	-	5	5	5	1	6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Finnish,	10	4	14	-	4	4	-	4	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
French,	20	14	34	-	2	2	2	2	4	3	3	3	1	1	1	1	1	1	1	1	1	1	1	1
German,	2	2	4	-	1	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Greek,	5	2	7	-	2	2	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hebrew,	9	13	22	-	2	2	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Irish,	30	21	51	-	6	6	6	6	12	5	1	6	1	1	2	1	1	1	1	1	1	1	1	1
Italian,	7	3	10	-	2	2	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Japanese,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Korean,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lithuanian,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Magyar,	1	2	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mexican,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pacific Islander,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Portuguese,	3	-	3	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-
Romanian,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scandinavian,	11	5	16	-	1	2	-	1	2	1	-	1	-	1	1	-	-	-	-	-	-	-	-	-
Scotch,	3	3	6	-	2	2	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Slavonic,	11	8	19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Spanish,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Spanish-American,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syrian,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Turkish,	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Welsh,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
West Indian,	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other specific races,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mixed,	91	79	170	-	7	17	-	7	24	5	4	9	15	6	21	-	2	2	1	-	-	-	-	-
Race unascertained,	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
Total,	220	166	386	-	22	33	55	17	6	23	8	28	20	8	28	2	4	6	1	-	-	-	-	-

TABLE 7. — *Race of First Admissions classified with Reference to Psychoses — Concluded.*

[illegible]

TABLE 8. — Age of First Admissions classified with Reference to Principal Psychoses.

PSYCHOSES.	TOTAL.			YEARS.																				
				UNDER 15.			15-20.			20-25.			25-30.			30-35.			35-40.			40-45.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	22	33	55	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile,	17	6	23	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. With cerebral arteriosclerosis,	20	8	28	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4. General paralysis,	2	4	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. With cerebral syphilis,	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea,	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases,	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic,	37	5	42	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins,	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra,	—	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases,	7	9	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13. Manic-depressive,	2	11	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14. Involutional melancholia,	62	50	112	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15. Dementia praecox,	1	5	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16. Paranoia and paranoic conditions,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17. Psychoneuroses,	5	2	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18. With mental deficiency,	2	4	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19. With constitutional psychopathic inferiority,	5	4	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. Epileptic,	3	5	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21. Undiagnosed,	28	11	39	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
22. Not insane,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total,	220	166	386	1	—	1	12	9	21	22	13	35	25	8	33	28	24	52	24	16	40	15	14	29

TABLE 9. — Degree of Education of First Admissions classified with Reference to Psychoses.

PSYCHOSES.	TOTAL.			ILLITERATE.			READS AND WRITES.			COMMON SCHOOL.			HIGH SCHOOL.			COLLEGE.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	22	33	55	1	7	8	6	3	9	0	12	21	1	2	3	6	9	15	1	9	10
2. Senile,	17	6	23	1	1	2	3	3	3	3	3	12	1	1	2	1	2	3	3	5	8
3. With cerebral arteriosclerosis,	20	8	28	1	1	2	3	2	2	2	4	16	3	1	4	2	3	5	1	3	4
4. General paralysis,	2	4	6	1	1	2	1	2	3	1	2	3	1	1	2	1	2	3	1	3	4
5. With cerebral syphilis,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3
6. With Huntington's chorea,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3
7. With brain tumor,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3
8. With other brain or nervous diseases,	37	5	42	2	3	5	11	1	12	1	17	18	1	1	2	6	7	13	1	8	9
9. Alcoholic,	3	2	5	2	3	5	1	1	2	1	2	3	1	1	2	1	2	3	1	3	4
10. Due to drugs and other exogenous toxins,	2	2	4	1	1	2	1	1	2	1	2	3	1	1	2	1	2	3	1	3	4
11. With pellagra,	5	9	14	1	1	2	1	1	2	1	2	3	1	1	2	1	2	3	1	3	4
12. With other somatic diseases,	7	9	16	1	1	2	1	1	2	1	2	3	1	1	2	1	2	3	1	3	4
13. Manic-depressive,	2	11	13	1	1	2	1	2	3	1	2	3	1	1	2	1	2	3	1	3	4
14. Involution melancholia,	62	50	112	7	15	22	9	9	18	32	24	56	4	3	7	1	6	15	9	15	24
15. Dementia precox,	1	5	6	1	2	3	1	1	2	1	2	3	1	1	2	1	2	3	1	3	4
16. Paranoia and paranoid conditions,	1	1	2	1	1	2	1	1	2	1	2	3	1	1	2	1	2	3	1	3	4
17. Psychoneuroses,	5	2	7	1	1	2	2	1	3	2	3	5	1	1	2	1	2	3	1	3	4
18. With mental deficiency,	2	2	4	1	1	2	1	1	2	1	2	3	1	1	2	1	2	3	1	3	4
19. With constitutional psychopathic inferiority,	5	4	9	1	1	2	1	1	2	1	2	3	1	1	2	1	2	3	1	3	4
20. Epileptic,	5	5	10	1	1	2	1	1	2	1	2	3	1	1	2	1	2	3	1	3	4
21. Undiagnosed,	3	5	8	1	1	2	1	1	2	1	2	3	1	1	2	1	2	3	1	3	4
22. Not insane,	28	11	39	3	5	8	6	1	7	15	20	35	3	2	5	1	1	2	1	2	3
Total,	220	166	386	20	27	47	41	22	63	109	79	188	13	11	24	2	2	4	35	25	60

TABLE 10. — *Environment of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			URBAN.			RURAL.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	22	33	55	13	19	32	9	14	23	—	—	—
2. Senile,	17	6	23	17	3	20	—	—	3	—	—	—
3. With cerebral arteriosclerosis,	20	8	28	18	5	23	2	3	5	—	—	—
4. General paralysis,	2	4	6	2	3	5	—	1	1	—	—	—
5. With cerebral syphilis,	1	—	1	1	—	1	—	—	—	—	—	—
6. With Huntington's chorea,	1	—	1	1	—	1	—	—	—	—	—	—
7. With brain tumor,	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases,	1	2	3	1	1	2	—	1	1	—	—	—
9. Alcoholic,	37	5	42	31	3	34	6	2	8	—	—	—
10. Due to drugs and other exogenous toxins,	—	2	2	—	2	2	—	—	—	—	—	—
11. With pellagra,	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases,	5	9	14	4	8	12	1	1	2	—	—	—
13. Manic-depressive,	7	9	16	7	5	12	—	4	4	—	—	—
14. Involution melancholia,	2	11	13	2	8	10	—	3	3	—	—	—
15. Dementia precox,	62	50	112	40	42	82	22	8	30	—	—	—
16. Paranoia and paranoid conditions,	1	5	6	1	3	4	—	2	2	—	—	—
17. Psychoneuroses,	1	—	1	—	—	—	—	—	—	—	—	—
18. With mental deficiency,	5	2	7	5	2	7	—	—	—	—	—	—
19. With constitutional psychopathic inferiority,	2	—	2	1	—	1	1	—	1	—	—	—
20. Epileptic,	5	4	9	3	4	7	2	—	2	—	—	—
21. Undiagnosed,	3	5	8	2	5	7	1	—	1	—	—	—
22. Not insane,	28	11	39	24	7	31	4	4	8	—	—	—
Total,	220	166	386	172	120	292	48	46	94	—	—	—

TABLE 11. — *Economic Condition of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			DEPENDENT.			MARGINAL.			COMFORTABLE.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	22	33	55	8	19	27	7	8	15	7	6	13	—	—	—
2. Senile,	17	6	23	—	2	2	7	—	9	10	2	12	—	—	—
3. With cerebral arteriosclerosis,	20	8	28	1	1	2	7	4	11	12	3	15	—	—	—
4. General paralysis,	2	4	6	—	2	2	—	1	1	2	1	3	—	—	—
5. With cerebral syphilis,	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—
6. With Huntington's chorea,	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—
7. With brain tumor,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases,	1	2	3	—	—	—	1	—	2	—	—	1	—	—	—
9. Alcoholic,	37	5	42	2	—	2	13	5	18	21	1	21	1	—	1
10. Due to drugs and other exogenous toxins,	—	2	2	—	—	—	—	1	1	—	—	1	—	—	—
11. With pellagra,	5	—	5	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases,	7	9	16	1	—	1	4	3	7	1	6	7	—	—	—
13. Manic-depressive,	2	11	13	—	—	—	4	4	8	2	5	7	—	—	—
14. Involution melancholia,	62	50	112	7	9	16	31	25	56	24	16	40	—	—	—
15. Dementia precox,	1	5	6	—	—	—	—	3	3	1	2	3	—	—	—
16. Paranoia and paranoid conditions,	5	2	7	3	2	5	1	—	1	1	—	1	—	—	—
17. Psychoneuroses,	2	—	2	—	—	—	2	—	2	—	—	—	—	—	—
18. With mental deficiency,	5	4	9	—	—	—	—	—	—	—	—	—	—	—	—
19. With constitutional psychopathic inferiority,	5	—	5	1	2	3	1	1	2	3	1	4	—	—	—
20. Epileptic,	3	5	8	—	—	—	1	1	2	2	3	5	—	—	—
21. Undiagnosed,	—	—	—	3	1	4	14	5	19	11	5	16	—	—	—
22. Not insane,	28	11	39	—	—	—	—	—	—	—	—	—	—	—	—
Total,	220	166	386	26	39	65	93	72	165	100	55	155	1	—	1

TABLE 12. — *Use of Alcohol by First Admissions classified with Reference to Principal Psychoses.*

Psychoses.	TOTAL.			ABSTINENT.			TEMPERATE.			INTEMPERATE.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic.	22	33	55	1	—	1	7	29	36	4	1	5	11	3	14
2. Senile.	17	6	23	—	—	—	8	5	13	4	4	8	5	1	6
3. With cerebral arteriosclerosis.	20	8	28	3	—	3	5	2	7	7	5	12	5	1	6
4. General paralysis.	2	4	6	—	1	1	—	2	2	1	1	2	1	1	2
5. With cerebral syphilis.	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor.	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—
8. With other brain or nervous diseases.	—	2	3	—	1	1	—	—	—	—	—	—	—	—	—
9. Alcoholic.	37	5	42	—	—	—	—	2	2	37	5	42	—	—	—
10. Due to drugs and other exogenous toxins.	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases.	5	9	14	1	1	2	2	8	10	1	1	2	1	1	2
13. Manic-depressive.	7	9	16	2	—	2	4	9	12	1	1	2	1	1	2
14. Involution melancholia.	2	11	13	—	—	—	1	—	1	—	—	1	1	—	1
15. Dementia præcox.	62	50	112	7	—	7	30	35	65	24	4	28	1	11	12
16. Paranoia and paranoid conditions.	1	5	6	—	—	—	—	1	1	1	1	2	—	3	3
17. Psychoneuroses.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18. With mental deficiency.	5	2	7	2	—	2	—	1	3	1	—	1	—	1	1
19. With constitutional psychopathic inferiority.	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—
20. Epileptic.	5	4	9	1	—	1	3	3	6	1	1	2	—	—	—
21. Undiagnosed.	3	5	8	—	—	—	3	4	7	—	—	—	—	—	—
22. Not insane.	28	11	39	1	—	1	12	8	20	14	2	16	1	1	2
Total.	220	166	386	18	3	21	79	117	196	97	22	119	26	24	50

TABLE 13. — *Marital Condition of First Admissions classified with Reference to Principal Psychoses.*

Psychoses.	TOTAL.			SINGLE.			MARRIED.			WIDOWED.			SEPARATED.			DIVORCED.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic.	22	33	55	7	3	10	8	4	12	7	24	31	—	1	1	—	1	1	—	—	—
2. Senile.	17	6	23	3	1	4	8	1	9	6	4	10	—	—	—	—	—	—	—	—	—
3. With cerebral arteriosclerosis.	20	8	28	5	2	7	13	7	20	2	1	3	—	—	—	—	—	—	—	—	—
4. General paralysis.	2	4	6	1	—	1	—	—	1	1	—	2	—	—	—	—	—	—	—	—	—
5. With cerebral syphilis.	1	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases.	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic.	37	5	42	15	—	15	14	5	19	6	1	7	—	—	—	1	—	1	1	—	1
10. Due to drugs and other exogenous toxins.	—	2	2	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases.	5	9	14	2	1	3	1	6	7	2	2	4	—	—	—	—	—	—	—	—	—
13. Manic-depressive.	7	9	16	3	2	5	4	7	11	—	—	—	—	—	—	—	—	—	—	—	—
14. Involution melancholia.	2	11	13	—	2	2	2	8	10	—	—	1	—	—	—	—	—	—	—	—	—
15. Dementia precox.	62	50	112	45	23	68	17	24	41	—	—	2	—	—	—	1	1	2	—	—	2
16. Paranoia and paranoic conditions.	1	5	6	—	2	2	2	2	3	—	—	—	—	—	—	—	—	—	—	—	—
17. Psychoneuroses.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18. With mental deficiency.	5	2	7	4	2	6	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
19. With constitutional psychopathic inferiority.	2	2	4	1	1	2	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
20. Epileptic.	5	4	9	3	2	5	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—
21. Undiagnosed.	3	5	8	1	1	2	1	5	7	—	—	—	—	—	—	—	—	—	—	—	—
22. Not insane.	23	11	39	12	4	16	12	4	16	4	3	7	—	—	—	—	—	—	—	—	—
Total.	220	166	386	102	44	146	87	79	166	29	39	68	—	1	1	1	3	4	1	—	1

TABLE 14. — *Psychoses of Readmissions.*

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	-	-	-	-	-	-
2. Senile, total,	-	-	-	3	3	6
(a) Simple deterioration,	1	-	1	-	-	-
(b) Presbyophrenic type,	-	-	-	-	-	-
(c) Delirious and confused states,	1	1	2	-	-	-
(d) Depressed and agitated states in addition to deterioration,	-	-	-	-	-	-
(e) Paranoid states in addition to deterioration,	1	2	3	-	-	-
3. With cerebral arteriosclerosis,	-	-	-	6	3	9
4. General paralysis,	-	-	-	19	3	22
5. With cerebral syphilis,	-	-	-	4	2	6
6. With Huntington's chorea,	-	-	-	-	-	-
7. With brain tumor,	-	-	-	-	-	-
8. With brain or nervous diseases, total,	-	-	-	1	-	1
Cerebral embolism,	-	-	-	-	-	-
Paralysis agitans,	-	-	-	-	-	-
Tubercular or other forms of meningitis,	-	-	-	-	-	-
Multiple sclerosis,	-	-	-	-	-	-
Tabo-paresis,	1	-	1	-	-	-
Acute chorea,	-	-	-	-	-	-
Other conditions,	-	-	-	-	-	-
9. Alcoholic, total,	-	-	-	20	1	21
(a) Pathological intoxication,	-	-	-	-	-	-
(b) Delirium tremens,	1	1	2	-	-	-
(c) Acute hallucinosis,	9	-	9	-	-	-
(d) Acute paranoid type,	2	-	2	-	-	-
(e) Korsakow's psychosis,	-	-	-	-	-	-
(f) Chronic hallucinosis,	2	-	2	-	-	-
(g) Chronic paranoid type,	3	-	3	-	-	-
(h) Alcoholic deterioration,	3	-	3	-	-	-
(i) Other types, acute or chronic,	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins, total,	-	-	-	-	-	-
(a) Morphine, cocaine, bromides, chloral, etc., alone or combined,	-	-	-	-	-	-
(b) Metals, as lead, arsenic, etc.,	-	-	-	-	-	-
(c) Gases,	-	-	-	-	-	-
(d) Other exogenous toxins,	-	-	-	-	-	-
11. With pellagra,	-	-	-	-	-	-
12. With other somatic diseases, total,	-	-	-	-	-	-
(a) Delirium with infectious diseases,	-	-	-	-	-	-
(b) Post-infectious psychoses,	-	-	-	-	-	-
(c) Exhaustion delirium,	-	-	-	-	-	-
(d) Delirium of unknown origin,	-	-	-	-	-	-
(e) Diseases of the ductless glands,	-	-	-	-	-	-
(f) Cardiorenal disease,	-	-	-	-	-	-
(g) Cancer,	-	-	-	-	-	-
(h) Other diseases or conditions,	-	-	-	-	-	-
13. Manic-depressive, total,	-	-	-	7	20	27
(a) Manic type,	3	9	12	-	-	-
(b) Depressive type,	3	9	12	-	-	-
(c) Stupor,	-	-	-	-	-	-
(d) Mixed type,	1	2	3	-	-	-
(e) Circular type,	-	-	-	-	-	-
14. Involution melancholia,	-	-	-	-	5	5
15. Dementia præcox, total,	-	-	-	67	40	107
(a) Paranoid type,	20	19	39	-	-	-
(b) Katatonic type,	11	15	26	-	-	-
(c) Hebephrenic type,	26	6	32	-	-	-
(d) Simple type,	10	-	10	-	-	-
16. Paranoia and paranoic conditions,	-	-	-	1	2	3
17. Psychoneuroses, total,	-	-	-	-	-	-
(a) Hysterical type,	-	-	-	-	-	-
(b) Psychasthenic type,	-	-	-	-	-	-
(c) Neurasthenic type,	-	-	-	-	-	-
18. With mental deficiency,	-	-	-	3	3	6
19. With constitutional psychopathic inferiority,	-	-	-	1	1	2
20. Epileptic, total,	-	-	-	6	2	8
(a) Deterioration,	2	1	3	-	-	-
(b) Clouded states,	4	1	5	-	-	-
(c) Other conditions,	-	-	-	-	-	-

TABLE 14. — *Psychoses of Readmissions* — Concluded.

PSYCHOSES.						
	Males.	Females.	Totals.	Males.	Females.	Totals.
21. Undiagnosed, . . . . .	.	.	.	5	4	9
22. Not insane, total, . . . . .	.	.	.	6	3	9
(a) Epilepsy without psychosis,	—	—	—			
(b) Alcoholism without psychosis,	2	—	2			
(c) Drug addiction without psychosis,	—	—	—			
(d) Constitutional psychopathic inferiority with- out psychosis,	1	1	2			
(e) Mental deficiency without psychosis,	3	2	5			
(f) Others,	—	—	—			
Total, . . . . .	.	.	.	149	92	241

TABLE 15. — Discharges of Patients classified with Reference to Principal Psychoses and Condition of Discharge.

PSYCHOSES.	TOTAL.			RECOVERED.			IMPROVED.			UNIMPROVED.			NOT INSANE.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—
2. Senile,	7	4	11	—	—	—	3	3	6	4	1	5	—	—	—
3. With cerebral arteriosclerosis,	4	1	5	—	—	—	1	—	1	3	—	3	—	—	—
4. General paralysis,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. With cerebral syphilis,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor,	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases,	39	4	43	28	2	30	8	2	10	3	—	3	—	—	—
9. Alcoholic,	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins,	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra,	1	2	3	1	1	2	—	—	—	—	—	—	—	—	—
12. With other somatic diseases,	6	25	31	3	18	21	2	3	5	1	4	5	—	—	—
13. Manic-depressive,	2	4	6	1	1	2	—	2	2	1	1	2	—	—	—
14. Involutional melancholia,	33	34	67	—	—	—	10	23	33	23	11	34	—	—	—
15. Dementia præcox,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16. Paranoia and paranoid conditions,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17. Psychoneuroses,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18. With mental deficiency,	9	4	13	—	—	—	2	2	4	7	2	9	—	—	—
19. With constitutional psychopathic inferiority,	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
20. Epileptic,	4	5	9	—	—	—	—	3	3	4	—	4	—	—	—
21. Undiagnosed,	1	3	4	—	—	—	—	—	—	—	—	—	—	—	—
22. Not insane,	32	10	42	—	1	1	1	—	1	—	—	—	32	10	42
Total,	140	99	239	33	23	56	27	39	66	48	27	75	32	10	42

TABLE 18. — *Total Duration of Hospital Life of Patients dying in Hospital classified according to Psychoses.*

PSYCHOSES.	TOTAL.	MONTHS.												YEARS.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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		Males.			Females.			Totals.			Males.			Females.			Totals.			Males.			Females.			Totals.			Males.			Females.			Totals.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												

TABLE 18. — *Total Duration of Hospital Life of Patients dying in Hospital classified according to Psychoses — Concluded.*

PSYCHOSES.	YEARS.											
	5-10.		10-15.		15-20.		20-25.		25-30.		30-35.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
1. Traumatic,	1	3	1	1	1	1	1	1	1	1	1	1
2. Senile,	4	1	1	1	1	1	1	1	1	1	1	1
3. With cerebral arteriosclerosis,	1	1	1	1	1	1	1	1	1	1	1	1
4. General paralysis,	1	1	1	1	1	1	1	1	1	1	1	1
5. With cerebral syphilis,	1	1	1	1	1	1	1	1	1	1	1	1
6. With Huntington's chorea,	1	1	1	1	1	1	1	1	1	1	1	1
7. With brain tumor,	1	1	1	1	1	1	1	1	1	1	1	1
8. With other brain or nervous diseases,	1	1	1	1	1	1	1	1	1	1	1	1
9. Alcoholic,	1	1	1	1	1	1	1	1	1	1	1	1
10. Due to drugs and other exogenous toxins,	1	1	1	1	1	1	1	1	1	1	1	1
11. With pellagra,	1	1	1	1	1	1	1	1	1	1	1	1
12. With other somatic diseases,	4	1	1	1	1	1	1	1	1	1	1	1
13. Manic-depressive,	1	1	1	1	1	1	1	1	1	1	1	1
14. Involutional melancholia,	2	3	1	3	1	3	1	1	1	1	1	1
15. Dementia precox,	1	1	1	1	1	1	1	1	1	1	1	1
16. Paranoia and paranoid conditions,	1	1	1	1	1	1	1	1	1	1	1	1
17. Psychoneuroses,	1	1	1	1	1	1	1	1	1	1	1	1
18. With mental deficiency,	1	1	1	1	1	1	1	1	1	1	1	1
19. With constitutional psychopathic inferiority,	1	1	1	1	1	1	1	1	1	1	1	1
20. Epileptic,	1	1	1	1	1	1	1	1	1	1	1	1
21. Undiagnosed,	1	1	1	1	1	1	1	1	1	1	1	1
22. Not insane,	1	1	1	1	1	1	1	1	1	1	1	1
Total,	10	8	2	7	1	5	1	2	2	1	1	1

TABLE 19. — *Family-care Department.*

	Males.	Females.	Totals.
Remaining Sept. 30, 1917,	—	45	45
Admitted within the year,	—	24	24
Nominally returned from visit for discharge, . . .	—	—	—
Whole number of cases within the year,	—	69	69
Dismissed within the year,	—	26	26
Returned to institution,	—	16	16
Discharged,	—	—	—
Died,	—	5	5
Visit,	—	4	4
Escaped,	—	1	1
Remaining Sept. 30, 1918,	—	43	43
Supported by the State,	—	33	33
Private,	—	7	7
Self-supporting,	—	3	3
Number of different persons within the year, . . .	—	61	61
Number of different persons admitted,	—	16	16
Number of different persons dismissed,	—	26	26
Daily average number,	—	44.67	44.67
State,	—	32.55	32.55
Private,	—	7.10	7.10
Self-supporting,	—	5.02	5.02

EIGHTY-SEVENTH ANNUAL REPORT
OF
THE TRUSTEES
OF THE
WORCESTER STATE HOSPITAL
FOR THE
YEAR ENDING NOVEMBER 30, 1919



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RESIDENT OFFICERS.

B. HENRY MASON, M.D.,	<i>Acting Superintendent.</i>
DONALD R. GILFILLAN, M.D.,	<i>Senior Assistant Physician.</i>
ARTHUR H. MOUNTFORD, M.D.,	<i>Senior Assistant Physician.</i>
ROBERT B. HARRIMAN, M.D.,	<i>Assistant Physician.</i>
WILLIAM J. VIVIAN, M.D.,	<i>Assistant Physician.</i>
ROY C. JACKSON, M.D.,	<i>Assistant Physician.</i>
ADA F. HARRIS, M.D.,	<i>Pathologist.</i>
ELSIE I. RICHARDS, R.N.,	<i>Superintendent of Nurses.</i>
HERBERT W. SMITH,	<i>Steward.</i>
LILLIAN G. CARR,	<i>Matron.</i>
JOSEPH F. REYNOLDS,	<i>Farmer.</i>

NONRESIDENT OFFICERS.

JENNIE A. HARRINGTON,	<i>Social Service Worker.</i>
BURTON E. LORING, D.D.S.,	<i>Dentist.</i>
GEORGE W. PARESEAU,	<i>Druggist.</i>
JESSIE M. D. HAMILTON,	<i>Treasurer.</i>
JAMES DICKISON, JR.,	<i>Engineer.</i>

The Commonwealth of Massachusetts

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

The trustees of the Worcester State Hospital respectfully present their eighty-seventh annual report.

They desire first of all to express their high appreciation of the work of the acting superintendent, Dr. B. Henry Mason, who has conducted the affairs of the institution in an efficient, progressive and economical manner ever since the death of Dr. Scribner in June, 1918.

The principal event during the past year has been the absorption, under General Acts of 1919, chapter 74, of the hospital on Summer Street, formerly a part of the Grafton State Hospital. This means not only a larger institution but the opportunity for greatly extended service through the establishment of a psychopathic department.

Many important needs of the hospital have, by general consent, been unfulfilled during the war, but their continued postponement will mean (and already does mean) poor economy and a serious handicap. Notable among these needs are a cold-storage plant, an improved kitchen, and a larger laundry. But even more imperative is the call for fireproof stairs and an adequate water supply for protection from fire.

In order to keep the medical tone of such an institution as ours upon a high plane, the salaries of resident physicians must be raised to a point where they will inevitably attract

young men and women of ability and promise. That end has not yet been sufficiently attained.

The trustees wish to thank all members of the staff and all employees for the faithful service rendered by them.

Respectfully submitted,

WILLIAM J. DELEHANTY.

EDWARD F. FLETCHER.

JOHN E. WHITE.

JOHN G. PERMAN.

DONALD GORDON.

CAROLINE M. CASWELL.

GEORGIE A. BACON.

Nov. 30, 1919.

ACTING SUPERINTENDENT'S REPORT.

To the Trustees of the Worcester State Hospital.

I herewith respectfully submit the following report of the hospital for the year ending Nov. 30, 1919, it being the eighty-seventh annual report.

There remained on the hospital books Oct. 1, 1918, 1,894 patients, — 1,019 men and 875 women. During the year ending Sept. 30, 1919, there were admitted 617 patients, — 367 men and 250 women. Six hundred and thirty-eight patients — 389 men and 249 women — were discharged from the hospital. Of this number, 327 patients — 215 men and 112 women — were discharged; 245 patients — 133 men and 112 women — died; 66 patients — 41 men and 25 women — were transferred, leaving at the end of the statistical year 1,873 patients, — 997 men and 876 women. One thousand five hundred and fifty-five patients — 826 men and 729 women — were actually in the hospital. Of this number, 1,347 were supported by the State, 102 by friends, and 106 as reimbursing patients. Of the patients discharged, 69 were reported as recovered, 141 as improved, and 78 as not improved. Twenty-nine men and 10 women were discharged as not insane. Twenty-nine men and 15 women were transferred by the Massachusetts Commission on Mental Diseases to the Gardner State Colony; 4 men and 3 women to the Monson State Hospital; 3 men and 4 women to the State Infirmiry; 2 men and 1 woman to the Boston State Hospital; 1 man to the Medfield State Hospital; 1 man to Herbert Hall; 1 man and 1 woman to the Danvers State Hospital; and 1 woman to the Foxborough State Hospital. Twelve men and 7 women were removed from the State, and 7 men and 1 woman were deported.

There remained in the hospital at the end of the year 6 less patients than at the beginning. The smallest number under treatment on any day was 1,562 patients, and the largest, 1,619. The daily average was 1,589.10.

The percentage of recoveries, calculated upon the number of discharges and deaths, was 10.81; calculated upon the number of admissions it was 11.18.

The death rate was 10.2, calculated on the whole number of patients under treatment, and 6.3, calculated on the daily average number.

There have been 16 less patients — 4 men and 12 women — admitted during the past fiscal year than there were during the year ending Sept. 30, 1918. Two hundred and seven, or 33.5 per cent of all patients admitted, were suffering from dementia præcox; 10.5 per cent from manic-depressive psychoses; 9.8 per cent from alcoholic psychoses; senile and cerebral arteriosclerosis psychoses, each 7.7 per cent; and 6.3 per cent were adjudged not insane. Thirty-four patients were admitted suffering from general paralysis and 34 were mentally deficient, of which 19 were psychotic.

It is an interesting fact that during the first nine months we received an average of $53\frac{1}{2}$ patients per month, but from July 1 to October 1, during which the wartime prohibition was in force, there was a decrease in the admission rate of 8.25 patients per month. From this showing we might be led to believe that alcohol alone played a paramount part in the production of mental aberration. In view of the fact, however, that there has been a yearly decrease in the number of patients admitted to the hospital since 1916, it is evident that there are other operative factors. As one of the principal factors among these, I would venture to mention the industrial success and thrift, which has resulted in less idleness and better living conditions.

Considering the principal forms of disease resulting in the death of patients, we find arteriosclerosis predominates, with pneumonia, syphilis of the central nervous system, influenza with complications, and tuberculosis in the order of their frequency.

HEALTH OF THE POPULATION.

The general health of the hospital has been good. A male patient died from diphtheria a few days after his admission, and two nurses were sent to the isolation hospital suffering with the disease. These were sporadic cases and the disease was undoubtedly contracted outside of the hospital. Two cases of pellagra were admitted.

SUICIDES AND SUDDEN DEATHS.

One patient strangled himself by tying one end of a sheet about his neck, the other to a rod at the head of the bed, and drew himself down towards the foot of the bed. Another patient secured a piece of suspender and committed suicide by hanging himself to a bedpost. Attempts at resuscitation failed in both cases. In a patient who had passed through a protracted illness, the autopsy revealed a few small particles of food in the trachea and bronchi. Upon investigation it was found he had been fed corn chowder about three hours before his death. Evidently while trying to swallow the nourishment he inspired some which caused sufficient irritation in the course of a few hours to extinguish the spark of life that remained. These deaths were immediately reported to the medical examiner and Dr. Myrtelle M. Canavan of the Massachusetts Commission on Mental Diseases, and both were present at the autopsies and investigated the circumstances which resulted in the death of the patients.

STAFF CONFERENCES.

An effort has been made to hold a clinical staff meeting every morning except Sundays and holidays. Saturday mornings are reserved for a literature meeting at which time abstracts are read, the articles and other clinical matters discussed. A laboratory staff meeting is scheduled to be held in the laboratory twice a month, at which time interesting pathological material is reviewed and a correlation is often made of clinical and pathological findings.

Two hundred and eleven clinical staff conferences were held the past year at which 667 cases were presented. All first

admission and readmission cases, showing new features of the psychoses, as well as many cases to determine the advisability of their return to the community, were presented. A clinical meeting consists of reading an abstract by the physician, which embraces a summary of the anamnesis, the condition of the patient when admitted, the physical and neurological findings, including the laboratory reports, the mental status, the social service report in many cases, and the psychological in a few; a stenographic report of the direct examination of the patient, which is included under date as a regular part of the case record; and the opinion of each member of the staff and visiting physicians present.

OCCUPATIONAL TRAINING.

Although we have been without a director of industrial therapeutics, the work in that department has been carried on in a manner worthy of comment. Under the stimulus of intelligent teaching by a tactful person well versed in the principles of ergo-therapy, it is certainly gratifying to see the improvement that often results in chronic patients through a process of re-education and awakening, and the rapid readjustment of habits and mental pose in those acutely ill. Our annual Christmas exhibition and sale attracted much attention in the community.

HYDROTHERAPY.

The hydrotherapeutic department is an important part of our therapeutic armament, which has been used extensively and with satisfactory results.

DENTAL WORK.

The dental clinic has been conducted by Dr. Burton E. Loring, who reports the following summary of work done: teeth treated, 171; extracted, 520; teeth restored with amalgam fillings, 82; cement fillings, 147; cleaned, 147; bridges reset, 2; crowns, 2; inlays, 2; and 1 case operated on for necrosed bone. Plates repaired, 12; and 132 patients were examined who did not require any dental work. A new

departure has been provided in examining all newly admitted cases after it has been determined that their detention in the hospital for treatment is necessary.

ELECTROTHERAPEUTIC DEPARTMENT.

The electrical treatment room, which includes the X-ray machine, has been of much service. There have been 44 skiagrams taken, filed and indexed of surgical cases and 31 of medical cases; 8 dental films; 3 cases of epithelioma and puritis treated; and considerable fleuroscopic work done. The wall plate has been frequently used for cases in the out-patient department.

TREATMENT OF SYPHILITIC CASES.

During the year 24 patients — 17 men and 7 women — have received intravenous injections of arsphenamine and intramuscular injections of mercury salicylate. Thirteen have received 5 grams or more in weekly doses of .3 to .6 grams.

The following diagnoses were made:—

	Men.	Women.	Total.
General paresis,	14	1	15
Cerebrospinal syphilis,	1	—	1
Congenital syphilis,	—	2	2
Constitutional inferiority,	2	—	2
Dementia præcox, katatonic,	—	1	1
Acute alcoholic hallucinosis,	—	1	1
Involucional melancholia,	—	1	1
Manic-depressive, depressed,	—	1	1

Treatments have been given weekly of intravenous injections of arsphenamine in doses of .3 to .6 grams and intramuscular injections of mercury salicylate 1 gram for ten consecutive weeks and again resumed. We have not had ptyalism in any instance from ten intramuscular injections of the salicylate. Check is kept on these cases by repeated Wassermann reaction and the treatment governed accordingly.

Cases Treated.

	Died.	On Visit.	Transferred.	Remaining in Hospital.
General paresis,	2	4	2	7
Cerebrospinal syphilis, . . .	—	—	1	—
Congenital syphilis,	—	—	—	2

One of the patients on visit reported for a number of weeks and becoming worse is being cared for at home. Two are employed and are of economic value to their families; 1 is improved and able to care for himself. Of those remaining in the hospital, 5 have shown no improvement and 2 are clinically improved and enjoy parole of the grounds.

The Wassermann test on spinal fluid has been positive in 13 cases of general paresis and cerebrospinal syphilis and negative in 3 cases, but all cases have shown characteristic findings of neurosyphilis in fluid. The 3 cases with a negative Wassermann on spinal fluid presented other symptoms of general paresis and had received treatment before coming to this institution.

FIELD WORK.

The social service work has been carried on by Miss Jennie A. Harrington, who has devoted time and study to the wide range of duties embraced in the field, in a commendable manner. Her report is appended.

TRAINING SCHOOL.

During the past year the training school has made a very creditable showing under the able and energetic guidance of Mrs. Elsie I. Richards, the superintendent of nurses. An affiliation was arranged with the Boston City Hospital, replacing the one we formerly had with the Bellevue and Allied Hospitals of New York City. This seems of advantage as the pupils now receive contagious work in addition to the fact that their entire training is received in Massachusetts. A class of twelve was graduated in November, several of whom have

already taken up private nursing or accepted more lucrative positions.

Miss Jennie C. Putnam, valedictorian of the class, was appointed assistant superintendent of nurses.

EMPLOYEES.

Much difficulty has been experienced during the year in securing sufficient help for the various departments of the institution. Although a general wage increase was granted last August, it affected only a temporary relief or improvement, as the great demand for labor in the industries and the continual increase in wages in the community resulted in a large percentage of our employees remaining in the service but a comparatively short time. Notwithstanding the difficulties under which we have been compelled to labor because of our inability to secure a full quota of officers and employees, the fields which embrace the humanitarian and therapeutic work of the hospital have been given energetic attention. That the increased demand has been met by conscientious endeavor, loyalty to the cause and hearty co-operation is plainly indicated by the fact that there have been one hundred and twenty-four more patients discharged than there were during the preceding year. It is true, however, that if the Commonwealth is to continue to maintain the high standard of care for these unfortunate individuals, who, because of mental disease, have become dependent upon the State for supervision and treatment, provision must be made which will enable us to offer better pay to the nurses and attendants, who often have to perform arduous duties that involve self-sacrifice, singleness of purpose and a good conscience.

SUMMER STREET DEPARTMENT.

Dec. 1, 1919, the institution located on Summer Street will become a department of the Worcester State Hospital (General Acts of 1919, chapter 74). This will offer an opportunity for the fulfillment of one of the most urgent needs of the community or district from which we now receive patients, — the establishment of a psychopathic department. There will be

opened to the troubled mind a place where it can seek advice and treatment at the mental clinic; and to the individual whose power of application has become so affected by reason of nervous or mental disease that he can no longer pursue his usual occupation, a place to go voluntarily for hospital care and treatment. By the expenditure of a small amount of money for equipment and minor changes in the interior of the buildings, there would be established a modern institution along the lines of a general hospital, where patients could be sent for the cure or amelioration of mental disease by intensive clinical study and treatment. Medical men in the community would be afforded an opportunity to attend clinics and staff conferences, that they might better understand and apply the principles of mental hygiene, foresee and detect early mental symptoms, institute preventive or remedial measures before the disease process is allowed to progress until it passes beyond the reach of human skill.

The out-patient department will also receive children and adults, from the schools, courts, charitable institutions and other agencies, who show subnormal mentality, delinquency or crime, to have their true mental status determined in order to assist the various agencies in choosing a course of action, in disposing of the case. Individuals suffering from neurosyphilis may go for intensive treatment, although able to live at home and possibly remain a wage earner. Through the out-patient and social service departments, also, those persons who appear to be misfits in our social organism might receive assistance in correcting mental habits or readjusting themselves to new environment, thereby preventing the development or progress of mental disease and preserving them as useful citizens.

PATHOLOGICAL LABORATORY.

The report of the pathologist, Dr. Ada F. Harris, giving detailed account of the work done in the laboratory the past year, is appended.

In addition to the routine work, special study was made of several cases which the autopsy showed to be of unusual interest.

Sixty-two autopsies were performed, being 26 per cent of all

deaths. The histological work and indexing has been kept up to date.

Five papers were written by members of the medical staff, three of which have been published. In order to effect a better staff organization and take advantage of the rich clinical and pathological fields at the hospital, it appears desirable that a clinical and pathological director should be appointed.

STAFF CHANGES.

We have been seriously handicapped many times in the past by not being able to secure or retain in the service many assistants that would have been a fine asset to the hospital staff, because of our inability to meet the financial inducements offered by certain other States; we trust the present Legislature will legalize a salary schedule that will remove this barrier to well-organized scientific advancement.

We were all pleased to welcome the return on April 25, 1919, of Maj. Donald R. Gilfillan, who had responded to the call of his country nearly two years before and had served in the neuropsychiatric unit of the medical department of the United States Army both at home and in France.

Dr. John C. Lindsay, who was on leave of absence, resigned July 24, 1919, immediately after receiving his discharge from the United States Navy, to become assistant superintendent of the Norfolk County Hospital. His wife, Dr. Marie S. Lindsay, also a creditable member of our staff, resigned at the same time.

Dr. Helen W. Ham resigned July 1, 1919, after a few months of loyal and efficient service, at a time when her work was greatly appreciated. It was her intention to prepare for public health work.

Mr. I. Mervyn Webber, a third-year student of the Bowdoin Medical School, served as intern from June 27 to Sept. 30, 1919.

Mr. John F. Corcoran, a third-year student of the medical department of the University of Vermont, served as intern from August 15 to Sept. 26, 1919.

Mr. Herbert W. Smith was appointed steward Dec. 18, 1918, to fill the vacancy that had existed since Sept. 1, 1918.

FARM AND GARDEN.

The farm and garden crops were unusually good in spite of the unfavorable weather conditions. Much care was exercised in the purchase of seed potatoes and the yield was heavy, but the frequent rains resulted in nearly two-thirds of the crop spoiling before or after digging. A Heider tractor and a 2-ton truck, which were purchased early in the year, have been of material assistance to the farmer in his successful operations. A larger number of acres under cultivation and labor shortage required the employment of more patients. Occupation out of doors of those who require but little supervision is beneficial, for the application of the mind of a person suffering with a chronic mental disease retards deterioration and hastens the return of self-confidence and normal interests in the life of recoverable cases.

FIRE.

Thursday morning, Feb. 6, 1919, a fire was discovered in the attic over that section of the hospital known as Washburns, in the northwest wing, which resulted in the destruction of the roof, extensive damage to the ward immediately beneath, and also considerable damage by water to the ceilings of the wards below. An excited patient tore an electric light fixture from the ceiling, causing a short circuit which led to the fire starting in the attic. All the patients on the various floors were moved to a zone of safety and later returned to their respective wards without accident or apparent discomfort. As a result of the fire, the housing accommodations of 11 patients were rendered useless. A special appropriation was granted by the last Legislature for the repair of the damages. The work has been completed and the ward is now occupied.

REPAIRS AND IMPROVEMENTS.

The institution carries a skeleton force of mechanics to attend to the ordinary work of repairs and improvements that occur during the year. Last spring the department was consolidated by the appointment of a foreman mechanic, who had charge of the carpenters, painters, masons and plumbers, and immediate supervision of all work. The rooms at the

steward's quarters were thoroughly renovated. Alterations were made on the lawn cottage. The employees' cottage, farmhouse and the new cottage at Hillside have been painted. The greenhouses were thoroughly overhauled and painted. A rat-proof room has been established in which flour and so forth is now stored. The engineer's cottage, the barn and shed at Hillside Farm have been shingled. A large amount of work has been done on the wards by our carpenters, painters, masons and plumbers. A modern piggery to house sixty-four hogs has been built at Hillside. The radiator surfaces of all steam pipes have been covered. Two Hays Co2 recorders, five draft gauges, and a Republic feed meter have been installed. Brick in fire boxes has been renewed and the grates repaired. Early in the year a Bell telephone system was installed in all the wards and departments of the hospital, and an addition was made to the switchboard of the central telephone exchange. One hundred and twenty stands and several tables were made for the wards, and our workmen, with the assistance of patients, have also kept the hospital furniture in good repair. Linoleum was laid in two wards, and the number of ornamental plants on the wards has been materially increased. In addition, the hospital has been its own contractor in making alterations on buildings at Hillside (Special Acts of 1919, chapter 153) and repairs of damage by fire to the Washburn wards, with the exception of replacing the roof and repairing the outer walls, which was done by a general contractor. The entire repair department has been centralized and located under one roof by moving the plumber's and mason's shops from the basement to the industrial building.

REQUIREMENTS.

In considering the special needs of the institution for the coming year, I desire first to call your attention to the water supply. The hospital receives water from the city's high-pressure service through an 8-inch main which runs from Belmont Street across the property to a point just southwest of the female wards, and from there it encircles the buildings. As was demonstrated at the fire, and since by testing, the volume is not sufficient to maintain pressure enough to be of

any service in case of an emergency, when more than one line of hose is in operation. The lives of patients and thousands of dollars of State property would be in danger should a fire once gain headway, for the firemen would be helpless under conditions which called for several lines of hose. To install another supply main to the present system and make the necessary connections, a sum of \$17,000 would be required.

The capacity of the present laundry is not sufficient to take care of the work of the Summer Street department. To maintain two laundry units would not be economical. By making an addition and certain alterations to the hospital laundry, the work could all be done here, which would effect a considerable reduction in expenditures for supplies and personal services. To build the addition and make the necessary alterations the sum of \$21,000 would be necessary.

For several years the main kitchen has been in need of quite extensive repairs and alterations. The two brick ovens are inadequate to properly handle the amount of work required to bake for our greatly increased population. These alterations to the kitchen building will require an appropriation of \$14,500.

Last year I called to your attention the fact that our present cold storage is inadequate, inefficient and in need of extensive repairs. The ice boxes are damp and offer unfavorable refrigeration, which makes it necessary to purchase supplies weekly. With a modern refrigerating plant advantage could be taken of the market, which would result in a considerable saving in buying meat and certain other commodities. For the erection of a cold-storage building and equipment, the sum of \$45,000 will be needed.

There are five wooden stairways in the hospital which should be replaced by fireproof iron or cement stairs. This would require an appropriation of \$11,000.

The sum of \$8,800 will be required to complete the water supply at the Shrewsbury Colony.

AMUSEMENTS.

The usual weekly dances, motion picture shows and Saturday afternoon convivial parties have served to amuse and entertain the patients. A very interesting musical program

was given us gratuitously by several young ladies from the Mothers Club; also a two-act farce comedy, which was greatly appreciated by the patients, was presented by the Girls League for Community Service.

MISCELLANEOUS.

Religious services have been held regularly by clergymen of different denominations.

Acknowledgments are made to the publisher of the "Fitchburg Sentinel" for copies of his paper, the Worcester Employment Society for sewing, and others who have contributed in any degree to the comfort of the patients.

I desire to thank the officers, heads of departments, nurses, attendants and all other employees for their loyal and helpful co-operation in the work of the past year.

I wish to express my appreciation to your Board for the aid and counsel given me in all matters pertaining to the welfare of the institution.

B. HENRY MASON,

Acting Superintendent.

Nov. 30, 1919.

REPORT OF THE SOCIAL SERVICE DEPARTMENT.

To the Acting Superintendent.

I herewith respectfully submit the following report of the social service department for the year ending Nov. 30, 1919.

The main divisions of the social service department consist of (a) home visiting; (b) social case work; (c) placing and care of patients boarding in private families; (d) investigations; (e) securing social and medical histories outside the hospital.

The territory of the Worcester State Hospital covers a large district, including three counties, — Worcester, Middlesex and Suffolk. At least thirteen cities and towns were visited monthly, making a total of one hundred and fifty-eight for the past year.

The year has included two hundred and eighty-nine working days, of which two hundred and twenty-five were spent in outside work and sixty-four spent in the hospital. The inside work consists mainly in record and file work, interviewing patients on the ward and other persons, attending staff meetings, etc.

A brief description of departmental work is as follows:—

(a) *Home Visiting.* — All patients who leave the hospital are automatically turned over to the social service department for care. Friendly advice and encouragement are the foundation principles of the home-visiting work. Special needs receive due consideration. One hundred and sixty-one home visits were made during the year.

(b) *Social Case Work.* — Social case work includes all problems of a social order, such as inharmonious family life, relief, legal difficulties and child welfare. Social case work is vitally

important to the welfare of the patient and his family in that a possibility of recurrence is to be considered. Eighty-one social cases were dealt with during the year.

(c) *Boarding-out Patients.* — It has been the policy of the State for several years to board certain types of patients in private families. These patients are visited quarterly. One hundred and seventy-one visits were made on boarding-out patients, 6 patients replaced, 12 placed, and 19 returned to the hospital. Patients were returned because of the death of two caretakers, unsuitable homes, and failure of patients to adjust themselves to the surroundings.

(d) *Investigations.* — Investigations form a large part of the social worker's duties. This may be said to be of five kinds: —

(1) Investigations of home prior to discharge from hospital: This is done to enable the patient to live in an environment which has been arranged for his special benefit. Twenty-seven of these investigations were made for the year.

(2) Investigations of complaint relative to patient: This type of work makes intelligent treatment possible. Nine investigations of complaint were made during the year.

(3) Investigations of patients to board in private families: Ten of these investigations were made.

(4) Court investigations: Several patients are sent by the court for observation and in order to do the patient justice a complete story of his life must be known to the physician. Twelve court investigations were made during the year.

(5) Investigations for employment: These investigations are made when the patient has no relatives or friends to help him. It is not the policy of the hospital to discharge a patient into the community without taking an interest in his future welfare and without taking into consideration the environment and employment. Twelve investigations of this nature were made.

(e) *Securing Histories.* — When the hospital physician is unable to secure a medical history the social worker goes into the community to obtain it. These histories include the social situation as well as the medical. It often happens that cases of need are discovered in this work, and such cases

receive proper attention. Ninety-eight histories were procured by the worker during the year.

This department aims to discover social factors connected with mental disorders of the hospital patient and to consider them in an efficient and humane manner.

Respectfully submitted,

JENNIE A. HARRINGTON,

Social Worker.

Nov. 30, 1919.

LABORATORY REPORT.

To the Acting Superintendent of the Worcester State Hospital.

The following report of the laboratory work for the year ending Nov. 30, 1919, is respectfully submitted.

The following clinical work has been completed: —

Urine analyses,	1,424
Cerebrospinal fluid examinations,	72
Blood cultures,	3
Blood counts,	8
Autogenous vaccines,	3
Gastric analyses,	3
Examination of feces,	3
Throat cultures,	11
Post-mortem smears,	70
Sputums,	24
Smears: abscess, eye, ear,	9
Smears: cervix and vagina,	8
<hr/>	
Total,	1,638

Histologic examinations have been made of fifty-four autopsied cases and the interesting findings brought to the attention of the staff physicians.

Two cases of pernicious anæmia were worked up in detail, and an article prepared by a student intern, Mr. I. M. Webber, on "Psychoses associated with Pernicious Anæmia" was presented at laboratory staff meeting, the histologic changes occurring in the organs being demonstrated by the projectoscope. Two papers have been written by the pathologist: "Influenza as a Factor in Initiating Psychoses and Precipitating Latent Psychoses;" "Report of a Case of Tuberculosis of the Brain."

Sixty-two autopsies have been performed with the following psychiatric and major anatomical diagnoses: —

Psychoses: —

Dementia præcox,	13
Senile,	20
With cerebral arteriosclerosis,	8
Chronic alcoholic hallucinosis,	3
Korsakow's,	1
Cerebrospinal syphilis,	1
General paresis,	12
With imbecility,	1
Unclassified,	3
<hr/>	
Total,	62

The major anatomical diagnoses were —

Lobar pneumonia,	6
Broncho-pneumonia (primary),	1
Broncho-pneumonia (terminal), associated with cardiovascular-renal,	6
Empyema following lobar pneumonia,	1
Empyema and pericarditis,	1
Chronic pulmonary tuberculosis,	3
Chronic pulmonary tuberculosis, with tuberculous meningitis,	1
Pulmonary edema,	1
Chronic myocarditis and interstitial nephritis,	8
Chronic myocarditis with arteriosclerosis,	2
Fatty myocarditis with arteriosclerosis,	2
Coronary thrombosis with arteriosclerosis,	1
General arteriosclerosis,	8
Acute enteritis with cardiovascular-renal,	3
Cerebral hemorrhage,	3
Syphilitic aortitis,	1
General paresis,	6
Carcinoma of gall bladder,	1
Carcinoma of sigmoid and liver,	1
Carcinoma of uterus and peritoneum,	1
Pyelonephritis with stones,	1
Pernicious anæmia,	1
Strangulated inguinal hernia,	1
Asphyxiation by food in bronchi,	1
Suicide by hanging,	1
<hr/>	
Total,	62

The majority of autopsies have been on elderly people, as will be noted from the following table:—

20-30 years,	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1
30-40 years,	.	.	.	.	.	.	.	.	.	.	.	.	.	.	8
40-50 years,	.	.	.	.	.	.	.	.	.	.	.	.	.	.	7
50-60 years,	.	.	.	.	.	.	.	.	.	.	.	.	.	.	12
60-70 years,	.	.	.	.	.	.	.	.	.	.	.	.	.	.	12
70-80 years,	.	.	.	.	.	.	.	.	.	.	.	.	.	.	14
80-90 years,	.	.	.	.	.	.	.	.	.	.	.	.	.	.	8

The Wassermann reaction on the blood serum on the autopsied cases has been positive in 15 instances, doubtful in 2; spinal fluid positive in 12, doubtful in 1.

A. F. HARRIS,

Pathologist.

VALUATION.

Nov. 30, 1919.

REAL ESTATE.

Land (578 acres),	\$274,040 00
Buildings,	1,634,567 19
	<hr/>
	\$1,908,607 19

PERSONAL PROPERTY.

Travel,	\$3,818 71
Food,	16,416 19
Clothing,	28,381 52
Furnishings,	101,478 01
Medical and general care,	13,902 27
Heat, light and power,	37,205 43
Farm and stable,	46,972 16
Grounds,	5,441 82
Repairs,	11,625 57
	<hr/>
	\$265,241 68

SUMMARY.

Real estate,	\$1,908,607 19
Personal property,	265,241 68
	<hr/>
	\$2,173,848 87

TREASURER'S REPORT.

To the Commissioner of Mental Diseases.

I respectfully submit the following report of the finances of this institution for the fiscal year ending Nov. 30, 1919:—

CASH ACCOUNT.

Balance Dec. 1, 1918,	\$3,409	62
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Receipts.

Institution Receipts.

Board of inmates:—

Private,	\$38,131	52
Reimbursements, insane,	24,000	62
		\$62,132 14

Sales:—

Travel, transportation and office expenses,			\$19 29
Food,			301 82
Clothing and materials,			316 61
Furnishings and household supplies,			190 60
Medical and general care,			21 88
Farm and stable:—			
Cows and calves,			\$2,617 00
Pigs and hogs,			769 00
Hides,			222 66
Sundries,			132 50
		3,741 16	
Repairs, ordinary,	14 57		
		4,605 93	

Miscellaneous receipts:—

Interest on bank balances,	\$930 88	
Sundries,	95 08	
		1,025 96

	67,764	03
Sales, account of industries,	625	67

Receipts from Treasury of Commonwealth.

Maintenance appropriations:—

Balance of 1918,	\$17,452	76
Advance money (amount on hand November 30),	17,502	12
Approved schedules of 1919,	416,312	72
		451,267 60

Special appropriations,	\$24,591	04
Less returned,	17 69	
		24,573 35

Total,	\$547,640	27
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Payments.

To treasury of Commonwealth:—

Institution receipts,	\$67,764 03
Industries fund,	625 67

Maintenance appropriations:—

Balance November schedule, 1918,	\$20,862 38
Eleven months' schedules, 1919,	416,312 72
November advances (\$16,837.31 + \$42.28),	16,879 59
	<hr/>
	454,054 69

Special appropriations:—

Approved schedules,	24,573 35
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Balance Nov. 30, 1919:—

In bank,	\$60 45
In office,	562 08
	<hr/>
	622 53

Total,	\$547,640 27
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MAINTENANCE.

Appropriation, current year,	\$538,500 00
Balance from previous year brought forward,	665 00

Total,	\$539,165 00
Expenses (as analyzed below),	473,142 72

Balance reverting to treasury of Commonwealth,	\$66,022 28
--	-------------

Analysis of Expenses.

Personal services:—

B. Henry Mason, acting superintendent,	\$2,490 00
Medical,	8,075 61
Administration,	16,225 84
Kitchen and dining-room service,	8,925 45
Domestic,	18,120 81
Ward service (male),	33,458 92
Ward service (female),	27,803 04
Industrial and educational department,	2,291 82
Engineering department,	17,056 85
Repairs,	13,255 38
Farm,	12,563 96
Stable, garage and grounds,	2,556 92
	<hr/>
	\$162,824 60

Religious instruction:—

Catholic,	\$600 00
Hebrew,	260 00
Protestant,	195 00
	<hr/>
	1,055 00

Amount carried forward,	\$163,879 60
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Amount brought forward, \$163,879 60

Travel, transportation and office expenses:—

Advertising,	\$177 84
Automobiles,	2,554 98
Automobile repairs and supplies,	1,821 70
Postage,	485 60
Printing and binding,	650 40
Printing annual report,	260 04
Stationery and office supplies,	1,500 84
Telephone and telegraph,	1,219 49
Travel,	1,223 26
Freight,	18 81

9,912 96

Food:—

Flour,	\$25,007 27
Cereals, rice, meal, etc.,	5,627 90
Bread, crackers, etc.,	59 74
Peas and beans (canned and dried),	2,577 02
Macaroni and spaghetti,	869 29
Potatoes,	7,404 86
Meat,	31,966 70
Fish (fresh, cured and canned),	6,503 89
Butter,	2,696 00
Butterine, etc.,	10,794 53
Peanut butter,	35
Cheese,	1,224 22
Coffee,	1,360 23
Coffee substitutes,	277 04
Tea,	830 32
Cocoa,	105 63
Milk (whole),	55 07
Milk (condensed, evaporated, etc.),	336 44
Eggs (fresh),	7,688 55
Egg powders, etc.,	341 55
Sugar (cane),	5,039 77
Fruit (fresh),	1,095 76
Fruit (dried and preserved),	5,562 21
Lard and substitutes,	2,765 83
Molasses and syrups,	1,304 21
Vegetables (fresh),	554 72
Vegetables (canned and dried),	511 80
Seasonings and condiments,	611 51
Yeast, baking powder, etc.,	240 97
Sundry foods,	373 48

123,786 86

Clothing and materials:—

Boots, shoes and rubbers,	\$2,451 21
Clothing (outer),	5,287 11
Clothing (under),	1,555 30
Dry goods for clothing,	3,125 19
Hats and caps,	88 71
Leather and shoe findings,	156 29
Socks and smallwares,	1,326 45
Freight,	68 24

14,058 50

Amount carried forward, \$311,637 92

Amount brought forward, \$311,637 92

Furnishing and household supplies: —

Beds, bedding, etc.,	\$11,160 80
Carpets, rugs, etc.,	592 98
Crockery, glassware, cutlery, etc.,	2,282 14
Dry goods and smallwares,	467 14
Electric lamps,	796 45
Furniture, upholstery, etc.,	980 71
Kitchen and household wares,	4,204 81
Laundry supplies and materials,	3,135 38
Lavatory supplies and disinfectants,	1,403 71
Machinery for manufacturing,	11 61
Table linen, paper napkins, towels, etc.,	1,120 24
Freight,	134 42

26,290 39

Medical and general care: —

Books, periodicals, etc.,	\$406 72
Entertainments, games, etc.,	763 98
Funeral expenses,	790 00
Gratuities,	104 78
Ice and refrigeration,	451 35
Laboratory supplies and apparatus,	204 30
Manual training supplies,	48 41
Medicines (supplies and apparatus),	2,897 79
Medical attendance (extra),	754 14
Patients boarded out,	4,465 94
Return of runaways,	157 20
Tobacco, pipes, matches,	2,434 80
Water,	6,654 01
Freight,	52 60

20,186 02

Heat, light and power: —

Coal (bituminous),	\$27,451 67
Freight and cartage,	20,046 88
Coal (anthracite),	5,014 32
Wood,	14 00
Electricity,	82 45
Gas,	608 72
Oil,	261 05
Operating supplies for boilers and engines,	113 83
Freight,	8 60

53,601 52

Farm and stable: —

Bedding materials,	\$565 25
Blacksmithing and supplies,	724 21
Carriages, wagons and repairs,	536 03
Dairy equipment and supplies,	261 65
Fencing materials,	104 13
Fertilizers,	612 90
Grain, etc.,	17,993 17
Hay,	8,233 72
Harnesses and repairs,	247 94

Amounts carried forward, \$27,279 00 \$411,715 85

Amounts brought forward, \$29,279 00 \$411,715 85

Farm and stable — *Con.*

Cows,	2,962 00
Other live stock,	185 00
Labor (not on pay roll),	63 00
Rent,	250 00
Spraying materials,	68 66
Stable and barn supplies,	141 94
Tools, implements, machines, etc.,	1,457 50
Trees, vines, seeds, etc.,	853 10
Veterinary services, supplies, etc.,	715 82
Sundries,	3 00
Freight,	530 72
Lime,	135 00

36,644 74

Grounds: —

Road work and materials,	\$146 25
Tools, implements, machines, etc.,	52 80
Trees, vines, shrubs, seeds, etc.,	59 35
Freight,	3 13

261 63

Repairs, ordinary: —

Brick,	\$7 20
Cement, lime, crushed stone, etc.,	450 26
Electrical work and supplies,	1,425 48
Hardware, iron, steel, etc.,	2,808 92
Labor (not on pay roll),	20 00
Lumber, etc. (including finished products),	4,247 22
Paint, oil, glass, etc.,	5,258 13
Plumbing and supplies,	1,506 80
Roofing and materials,	1,296 96
Steam fittings and supplies,	723 66
Tools, machines, etc.,	992 03
Boilers, repairs,	524 54
Engines, repairs,	48 68
Freight,	184 61

19,494 49

Repairs and renewals: —

Collar ironer,	\$300 00
Press,	365 00
Covering radiator surfaces,	2,764 48
Boiler meters,	531 63
Feed water meters,	643 50
Freight,	24 89

4,629 50

Industries: —

Tools, machinery, etc.,	\$6 37
Materials,	390 14

396 51

Total expenses for maintenance, \$473,142 72

SPECIAL APPROPRIATIONS.

Balance Dec. 1, 1918,	\$15,353 94
Appropriations for fiscal year,	26,000 00
Total,	<u>\$41,353 94</u>
Expended during the year,	\$25,219 58
Reverting to treasury of Commonwealth,	26 40
	<u>25,245 98</u>
Balance Nov. 30, 1919,	\$16,107 96

INDUSTRIES FUND.

Appropriation,	\$500 00
Receipts credited,	625 67
	<u>\$1,125 67</u>
Expenditures, approved schedules,	\$396 51
Balance Nov. 30, 1919,	729 16
	<u>\$1,125 67</u>

RESOURCES AND LIABILITIES.

Resources.

Cash on hand,	\$622 53
November cash vouchers (paid from advance money), account of maintenance,	16,879 59
Due from treasury of Commonwealth from avail- able appropriation account November, 1919, schedules,	39,327 88
	<u>\$56,830 00</u>

Liabilities.

Schedules of November bills,	\$56,830 00
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PER CAPITA.

During the year the average number of inmates has been 1,590.63.
 Total cost for maintenance, \$473,142.72.
 Equal to a weekly per capita cost of \$5.72.
 Receipt from sales, \$5,231.60.
 Equal to a weekly per capita of \$0.0632.
 All other institution receipts, \$63,158.10.
 Equal to a weekly per capita of \$0.7635.

Respectfully submitted,

JESSIE M. D. HAMILTON,

Treasurer.

Examined and found correct as compared with the records in the office of the Auditor of the Commonwealth.

ALONZO B. COOK,
Auditor.

STATEMENT OF FUNDS.

PATIENTS' FUND.

Balance on hand Nov. 30, 1918,	\$7,355 23	
Receipts,	7,157 62	
Interest,	262 62	
	<hr/>	\$14,775 47
Refunded,	\$6,391 52	
Interest paid to State Treasurer,	262 62	
	<hr/>	6,654 14
		<hr/>
		\$8,121 33

Investment.

Worcester County Institution for Savings, . .	\$2,000 00	
Worcester Five Cents Savings Bank,	1,000 00	
Worcester Mechanics Savings Bank,	1,000 00	
Balance Worcester Bank and Trust Company, .	3,921 54	
Cash on hand Dec. 1, 1919,	199 79	
	<hr/>	\$8,121 33

LEWIS FUND.

Balance on hand Nov. 30, 1918,	\$1,649 14	
Income,	69 26	
	<hr/>	\$1,718 40
Expended for vault rent,		6 00
		<hr/>
		\$1,712 40

Investment.

American Telephone and Telegraph Company collateral trust 4 per cent bond,	\$926 36	
Worcester County Institution for Savings, . .	349 44	
Mechanics National Bank, savings department,	348 11	
Balance Worcester Bank and Trust Company, .	88 49	
	<hr/>	\$1,712 40

WHEELER FUND.

Balance on hand Nov. 30, 1918,	\$6,268 25	
Income,	269 25	
	<hr/>	\$6,537 50
Expended for books, magazines, etc.,	368 20	
	<hr/>	\$6,169 30

Investment.

American Telephone and Telegraph Company collateral trust 4 per cent bond,	\$712 50	
Worcester County Institution for Savings,	332 00	
Worcester Five Cents Savings Bank,	403 85	
Mechanics Savings Bank,	221 11	
Mechanics National Bank, savings department,	392 89	
Third Liberty Loan bonds,	4,000 00	
Balance Worcester Bank and Trust Company,	106 95	
	<hr/>	\$6,169 30

MANSON FUND.

Balance Worcester County Institution for Savings Nov. 30, 1918,	\$1,146 46	
Income,	51 78	
	<hr/>	\$1,198 24
Expended for entertainment,	36 00	
	<hr/>	\$1,162 24

Investment.

Worcester County Institution for Savings,	\$1,162 24
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Respectfully submitted,

JESSIE M. D. HAMILTON,

Treasurer.

Nov. 30, 1919.

N. B. — The values assigned to the above securities are their respective purchase prices.

STATISTICAL TABLES

AS ADOPTED BY AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION

PRESCRIBED BY MASSACHUSETTS COMMISSION ON MENTAL DISEASES

STATISTICAL TABLES.

TABLE 1. — *General Information.*

1. Date of opening as an institution for the insane: Jan. 18, 1833.	
2. Type of institution: State.	
3. Hospital plant: —	
Value of hospital property: —	
Real estate, including buildings,	\$1,908,607 19
Personal property,	265,241 68
Total,	\$2,173,848 87

Total acreage of hospital property, 578.15.

Acreage under cultivation during previous year, 201.25.

4. Medical service: —	Men.	Women.	Total.
Superintendents (acting),	1	—	1
Assistant physicians,	5	1	6
Medical interns,	—	—	—
Clinical assistants,	—	—	—
Total physicians,	6	1	7

5. Employees on pay roll (not including physicians): —	Men.	Women.	Total.
Graduate nurses,	—	12	12
Other nurses and attendants,	50	58	108
All other employees,	80	71	151
Total employees,	130	141	271

	Men.	Women.	Total.
6. Patients employed in industrial classes or in general hospital work on date of report,	255	300	555
7. Patients in institution on date of report (excluding paroles),	818	723	1,541

TABLE 2. — *Financial Statement.*

See treasurer's report for data requested under this table.

TABLE 3. — Movement of Patient Population for the Year ending Sept. 30, 1919.

	INSANE.			SANE, VOLUNTARY.			INBRIATE.			TOTAL ON BOOKS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Patients on books of institution Sept. 30, 1918,	1,018	875	1,893							1,019	875	1,894
Admissions during year: —												
(a) First admissions,	225	154	379	2	2	4	—	—	—	227	156	383
(b) Readmissions,	135	91	226	—	—	—	—	—	—	135	91	226
Total admissions,	360	245	605	2	2	4	—	—	—	362	247	609
(c) Transfers from other institutions for the insane,	5	3	8	—	—	—	—	—	—	5	3	8
Total received during year,	365	248	613	2	2	4	—	—	—	367	250	617
3. Total under treatment during year,	1,383	1,123	2,506	3	2	5	—	—	—	1,386	1,125	2,511
Discharged from books during year: —												
(a) As recovered,	39	30	69	—	—	—	—	—	—	39	30	69
(b) As improved,	97	44	141	—	—	—	—	—	—	97	44	141
(c) As unimproved,	50	28	78	—	—	—	—	—	—	50	28	78
(d) As not insane,	27	9	36	2	1	3	—	—	—	29	10	39
(e) Transferred to other institutions for the insane,	41	25	66	—	—	—	—	—	—	41	25	66
(f) Died during year,	133	112	245	—	—	—	—	—	—	133	112	245
(g) Nominally dismissed for change of status,	—	—	—	—	—	—	—	—	—	—	—	—
4. Total discharged from books during year,	387	248	635	2	1	3	—	—	—	389	249	638
5. Patients remaining on books of institution Sept. 30, 1919,	996	875	1,871	1	1	2	—	—	—	997	876	1,873
<i>Supplementary Data.</i>												
6a. Average daily number of patients on books during the year,	1,004.90	879.00	1,883.90	1.08	.40	1.48	—	—	—	1,005.98	879.40	1,885.38
6b. Average daily number of patients actually in the institution during the year,	823.84	796.60	1,550.44	.30	.40	.70	—	—	—	824.14	797.00	1,551.14
7a. Average daily number of patients in family care, . . . . .	.50	37.46	37.96	.78	—	.78	—	—	—	.50	37.46	37.96
7b. Average daily number of patients on visit and escape,	180.56	114.94	295.50	.4	2	.78	—	—	—	181.34	114.94	296.28
8. Number of voluntary patients admitted during year,	3	1	4	—	—	—	—	—	—	3	—	3
9. Number of temporary-care cases admitted during the year,	126	54	180	—	—	—	—	—	—	126	54	180

TABLE 4. — *Nativity of First Admissions and of Parents of First Admissions.*

NATIVITY.	PATIENTS.			PARENTS OF MALE PATIENTS.			PARENTS OF FEMALE PATIENTS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
United States,	111	60	171	50	26	76	39	26	65
Africa,	-	-	-	-	-	-	-	-	-
Asia,	-	-	-	-	-	-	-	-	-
Atlantic Islands,	-	-	-	-	-	-	-	-	-
Australia,	-	-	-	-	-	-	-	-	-
Austria,	-	-	-	1	-	1	1	-	1
Belgium,	-	-	-	-	-	-	-	-	-
Bohemia,	-	-	-	-	-	-	-	-	-
Canada,	23	19	42	28	23	51	33	24	57
Central America,	-	-	-	-	-	-	-	-	-
China,	-	-	-	-	-	-	-	-	-
Cuba,	-	-	-	-	-	-	-	-	-
Denmark,	-	-	-	-	-	-	-	-	-
England,	6	5	11	11	6	17	12	6	18
Europe,	-	-	-	-	-	-	-	-	-
Finland,	4	2	6	5	2	7	5	2	7
France,	-	-	-	1	-	1	1	-	1
Germany,	6	-	6	7	2	9	6	2	8
Greece,	5	1	6	5	1	6	5	1	6
Hawaii,	-	-	-	-	-	-	-	-	-
Holland,	-	1	1	-	1	1	-	1	1
Hungary,	-	-	-	-	-	-	-	-	-
India,	-	-	-	-	-	-	-	-	-
Ireland,	25	32	57	46	46	92	48	47	95
Italy,	8	4	12	11	4	15	11	4	15
Japan,	-	-	-	-	-	-	-	-	-
Mexico,	-	-	-	-	-	-	-	-	-
Norway,	-	-	-	-	-	-	-	-	-
Philippine Islands,	-	-	-	-	-	-	-	-	-
Poland,	8	6	14	8	6	14	8	6	14
Porto Rico,	-	-	-	-	-	-	-	-	-
Portugal,	2	-	2	3	-	3	3	-	3
Roumania,	-	-	-	-	-	-	-	-	-
Russia,	13	10	23	13	10	23	13	10	23
Scotland,	-	2	2	3	4	7	2	3	5
South America,	-	-	-	-	-	-	-	-	-
Spain,	-	-	-	-	-	-	-	-	-
Sweden,	9	10	19	11	10	21	10	11	21
Switzerland,	-	-	-	-	-	-	-	-	-
Syria,	3	1	4	-	1	1	-	1	1
Turkey in Asia,	-	-	-	3	-	3	3	-	3
Turkey in Europe,	1	-	1	1	-	1	1	-	1
Wales,	-	-	-	-	1	1	-	-	-
West Indies,	-	1	1	-	1	1	-	1	1
Other countries,	-	-	-	-	-	-	-	-	-
Born at sea,	-	-	-	-	-	-	-	-	-
Total foreign born,	113	94	207	157	118	275	162	119	281
Uncertained,	1	-	1	18	10	28	24	9	33
Grand total,	225	154	379	225	154	379	225	154	379

TABLE 5. — *Citizens of First Admissions.*

	Males.	Females.	Totals.
Citizens by birth,	111	60	171
Citizens by naturalization,	7	13	20
Aliens,	59	18	77
Citizenship unascertained,	48	63	111
Total,	225	154	379

TABLE 6. — *Psychoses of First Admissions.*

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	-	-	-	-	-	-
2. Senile, total,	8	12	20	20	24	44
(a) Simple deterioration,	-	2	2	-	-	-
(b) Presbyophrenic type,	3	1	4	-	-	-
(c) Delirious and confused states,	1	1	2	-	-	-
(d) Depressed and agitated states in addition to deterioration,	8	8	16	-	-	-
(e) Paranoid states in addition to deterioration,	-	-	-	-	-	-
3. With cerebral arteriosclerosis,	-	-	-	29	4	33
4. General paralysis,	-	-	-	15	2	17
5. With cerebral syphilis,	-	-	-	2	-	2
6. With Huntington's chorea,	-	-	-	-	-	-
7. With brain tumor,	-	-	-	-	-	-
8. With other brain or nervous diseases, total,	-	-	-	1	2	3
Cerebral embolism,	-	-	-	-	-	-
Paralysis, agitans,	-	-	-	-	-	-
Tubercular or other forms of meningitis,	1	-	1	-	-	-
Multiple sclerosis,	-	1	1	-	-	-
Tabo-paresis,	-	1	1	-	-	-
Acute chorea,	-	-	-	-	-	-
Other conditions,	-	-	-	-	-	-
9. Alcoholic, total,	1	-	1	37	6	43
(a) Pathological intoxication,	5	-	5	-	-	-
(b) Delirium tremens,	17	2	19	-	-	-
(c) Acute hallucinosis,	2	-	2	-	-	-
(d) Acute paranoid type,	1	1	2	-	-	-
(e) Korsakow's psychosis,	2	3	5	-	-	-
(f) Chronic hallucinosis,	-	-	-	-	-	-
(g) Chronic paranoid type,	9	-	9	-	-	-
(h) Alcoholic deterioration,	-	-	-	-	-	-
(i) Other types, acute or chronic,	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins, total,	-	-	-	-	1	1
(a) Morphine, cocaine, bromides, chloral, etc., alone or combined,	-	1	1	-	-	-
(b) Metals, as lead, arsenic, etc.,	-	-	-	-	-	-
(c) Gases,	-	-	-	-	-	-
(d) Other exogenous toxins,	-	-	-	-	-	-
11. With pellagra,	-	-	-	-	2	2
12. With other somatic diseases, total,	-	-	-	5	8	13
(a) Delirium with infectious diseases,	-	-	-	-	-	-
(b) Post-infectious psychoses,	4	5	9	-	-	-
(c) Exhaustion delirium,	1	1	2	-	-	-
(d) Delirium of unknown origin,	-	-	-	-	-	-
(e) Diseases of the ductless glands,	-	-	-	-	-	-
(f) Cardiorenal disease,	-	2	2	-	-	-
(g) Cancer,	-	-	-	-	-	-
(h) Pernicious anæmia,	-	-	-	-	-	-

TABLE 6. — *Psychoses of First Admissions* — Concluded.

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
13. Manic-depressive, total,				7	16	23
(a) Manic type,	2	8	10			
(b) Depressive type,	3	6	9			
(c) Stupor,	1	1	2			
(d) Mixed type,	1	2	3			
(e) Circular type,	1	1	2			
14. Involution melancholia,				4	9	13
15. Dementia præcox, total,				61	47	108
(a) Paranoid type,	27	16	43			
(b) Katatonic type,	8	16	24			
(c) Hebephrenic type,	20	9	29			
(d) Simple type,	6	6	12			
16. Paranoia and paranoic conditions,				—	6	6
17. Psychoneuroses, total,				1	1	2
(a) Hysterical type,	—	1	1			
(b) Psychasthenic type,	1	—	1			
(c) Neurasthenic type,	—	—	—			
18. With mental deficiency,				7	5	12
19. With constitutional psychopathic inferiority,				1	2	3
20. Epileptic, total,				—	1	1
(a) Deterioration,	—	1	1			
(b) Clouded states,	—	—	—			
(c) Other conditions,	—	—	—			
21. Undiagnosed,				13	11	24
22. Not insane, total,				22	7	29
(a) Epilepsy without psychosis,	2	1	3			
(b) Alcoholism without psychosis,	5	2	7			
(c) Drug addiction without psychosis,	—	—	—			
(d) Constitutional psychopathic inferiority with- out psychosis,	7	2	9			
(e) Mental deficiency without psychosis,	8	—	8			
(f) Others (influenza),	—	2	2			
Total,				225	154	379

[illegible]

[illegible]

TABLE 8. — Age of First Admissions classified with Reference to Principal Psychoses.

PSYCHOSES.	TOTAL.			YEARS.																				
				UNDER 15.			15-20.			20-25.			25-30.			30-35.			35-40.			40-45.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.			
1. Traumatic,	20	24	44	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
2. Senile,	29	4	33	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
3. With cerebral arteriosclerosis,	15	2	17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
4. General paralysis,	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
5. With cerebral syphilis,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
6. With Huntington's chorea,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
7. With brain tumor,	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
8. With other brain or nervous diseases,	37	6	43	—	—	—	—	—	—	—	—	—	2	1	3	6	—	—	—	—	—	—		
9. Alcoholic,	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
10. Due to drugs and other exogenous toxins,	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
11. With pellagra,	5	8	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
12. With other somatic diseases,	7	16	23	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
13. Manic-depressive,	4	9	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
14. Involution melancholia,	61	47	108	—	—	—	—	—	—	—	—	—	16	10	26	14	10	24	9	7	16	3	3	
15. Dementia precox,	—	6	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
16. Paranoia and paranoid conditions,	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
17. Psychoneuroses,	7	1	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
18. With mental deficiency,	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
19. With constitutional psychopathic inferiority,	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
20. Epileptic,	13	11	24	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
21. Undiagnosed,	22	7	29	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
22. Not insane,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Total,	225	154	379	—	—	—	12	7	19	15	11	26	26	19	45	24	14	38	22	21	43	12	13	
																						25		

TABLE 9. — Degree of Education of First Admissions classified with Reference to Psychoses.

PSYCHOSES.	TOTAL.			ILLITERATE.			READS AND WRITES.			COMMON SCHOOL.			HIGH SCHOOL.			COLLEGE.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	20	24	44	1	7	8	1	13	1	7	14	1	1	1	2	1	6	1	3	6	9
2. Senile,	29	4	33	1	1	2	1	8	1	12	4	16	1	1	1	1	1	1	3	1	1
3. With cerebral arteriosclerosis,	15	2	17	1	1	2	1	2	1	10	1	11	1	1	1	1	1	1	3	1	1
4. General paralysis,	2	1	3	1	1	2	1	1	1	2	1	3	1	1	1	1	1	1	1	1	1
5. With cerebral syphilis,	1	1	2	1	1	2	1	1	1	2	1	3	1	1	1	1	1	1	1	1	1
6. With Huntington's chorea,	1	1	2	1	1	2	1	1	1	2	1	3	1	1	1	1	1	1	1	1	1
7. With brain tumor,	1	1	2	1	1	2	1	1	1	2	1	3	1	1	1	1	1	1	1	1	1
8. With other brain or nervous diseases,	37	6	43	3	1	4	9	2	11	16	2	18	1	1	1	1	1	1	7	1	8
9. Alcoholic,	5	2	7	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1
10. Due to drugs and other exogenous toxins,	5	2	7	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1
11. With pellagra,	7	16	23	1	1	2	2	1	3	3	3	6	1	1	1	1	1	1	1	1	1
12. With other somatic diseases,	4	9	13	1	1	2	1	1	2	3	3	6	1	1	1	1	1	1	1	1	1
13. Manic-depressive,	61	47	108	4	6	10	15	7	22	32	25	57	3	4	7	1	1	1	6	5	11
14. Involution melancholia,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1
15. Dementia præcox,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1
16. Paranoia and paranoic conditions,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1
17. Psychoneuroses,	7	5	12	1	2	3	2	2	4	1	1	2	1	1	1	1	1	1	1	1	1
18. With mental deficiency,	1	2	3	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1
19. With constitutional psychopathic inferiority,	13	11	24	1	1	2	2	2	4	6	6	12	1	1	1	1	1	1	3	2	5
20. Epileptic,	22	7	29	1	1	2	4	1	5	14	3	17	3	1	4	1	1	1	1	2	3
21. Undiagnosed,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1
22. Not insane,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1
Total,	225	154	379	13	17	30	52	23	75	115	80	195	11	12	23	2	22	2	32	22	54

TABLE 10. — *Environment of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			URBAN.			RURAL.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	20	24	44	16	23	39	4	1	5	1	1	2
2. Senile,	29	4	33	23	2	25	6	1	7	1	1	2
3. With cerebral arteriosclerosis,	15	2	17	14	2	16	1	1	2	1	1	2
4. General paralysis,	2	2	4	1	1	2	1	1	2	1	1	2
5. With cerebral syphilis,	2	1	3	1	1	2	1	1	2	1	1	2
6. With Huntington's chorea,	1	1	2	1	1	2	1	1	2	1	1	2
7. With brain tumor,	1	1	2	1	1	2	1	1	2	1	1	2
8. With other brain or nervous diseases,	1	2	3	1	2	3	1	1	2	1	1	2
9. Alcoholic,	37	6	43	27	5	32	9	1	10	1	1	2
10. Due to drugs and other exogenous toxins,	1	1	2	1	1	2	1	1	2	1	1	2
11. With pellagra,	5	2	7	4	2	6	1	1	2	1	1	2
12. With other somatic diseases,	7	16	23	6	5	11	1	1	2	1	1	2
13. Manic-depressive,	4	9	13	3	7	10	1	1	2	1	1	2
14. Involution melancholia,	61	47	108	53	40	93	8	7	15	1	1	2
15. Dementia praecox,	1	6	7	1	5	6	1	1	2	1	1	2
16. Paranoia and paranoid conditions,	1	1	2	1	1	2	1	1	2	1	1	2
17. Psychoneuroses,	7	5	12	3	3	6	4	2	6	1	1	2
18. With mental deficiency,	1	2	3	1	1	2	1	1	2	1	1	2
19. With constitutional psychopathic inferiority,	1	1	2	1	1	2	1	1	2	1	1	2
20. Epileptic,	13	11	24	11	10	21	2	1	3	1	1	2
21. Undiagnosed,	22	7	29	17	6	23	5	1	6	1	1	2
22. Not insane,	225	154	379	180	129	309	44	25	69	1	1	2
Total,	225	154	379	180	129	309	44	25	69	1	1	2

TABLE 11. — *Economic Condition of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSSES.	TOTAL.			DEPENDENT.			MARGINAL.			COMFORTABLE.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,															
2. Senile,	20	24	44	11	15	26	5	7	12	4	2	6	1	1	1
3. With cerebral arteriosclerosis,	29	4	33	8		8	14	2	16	7	2	9	1	1	1
4. General paralysis,	15	2	17	1		1	9	1	10	5	1	6	1	1	1
5. With cerebral syphilis,	2		2							2		2			
6. With Huntington's chorea,															
7. With brain tumor,															
8. With other brain or nervous diseases,	1		3	1	1	2	1	2	3	16	2	18	1	1	1
9. Alcoholic,	37	6	43	1			20	3	23	2	1	3	1	1	1
10. Due to drugs and other exogenous toxins,															
11. With pellagra,		2	2												
12. With other somatic diseases,	5	8	13				3	5	8						
13. Manic-depressive,	7	16	23		1	1	4	7	11	3	2	5			
14. Involution melancholia,	4	9	13		1	1	1	4	5	3	3	6			
15. Dementia precox,	61	47	108	1	5	6	28	23	51	32	19	51			
16. Dementia and paranoic conditions,		6	6		1	1		1	1		4	4			
17. Psychoneuroses,	1	1	2								1	1			
18. With mental deficiency,	7	5	12	1	3	4	6	1	7	1	1	2			
19. With constitutional psychopathic inferiority,	1	2	3		1	1				1		1			
20. Epileptic,	13	11	24		1	1	5	6	11	8	4	12			
21. Undiagnosed,	22	7	29	2		2	11	4	15	9	3	12			
22. Not insane,															
	225	154	379	25	29	54	108	67	175	92	58	150	1	1	1

TABLE 12. — Use of Alcohol by First Admissions classified with Reference to Principal Psychoses.

PSYCHOSES.	TOTAL.			ABSTINENT.			TEMPERATE.			INTERMEDIATE.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile,	20	24	44	1	9	10	5	9	14	3	1	4	11	5	16
3. With cerebral arteriosclerosis,	29	4	33	4	4	8	10	2	10	3	1	4	12	—	12
4. General paralysis,	15	2	17	2	3	5	3	2	5	7	1	8	3	—	3
5. With cerebral syphilis,	2	—	2	—	—	—	1	—	1	1	—	1	—	—	—
6. With Huntington's chorea,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases,	1	2	3	—	—	—	—	—	—	—	—	—	1	—	2
9. Alcoholic,	37	6	43	—	1	1	—	—	—	37	6	43	—	—	—
10. Due to drugs and other exogenous toxins,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra,	—	2	2	—	—	—	—	2	2	—	—	—	—	—	—
12. With other somatic diseases,	5	8	13	3	4	7	3	1	4	2	—	2	1	—	4
13. Manic-depressive,	7	16	23	2	7	9	3	3	6	2	—	2	—	3	6
14. Involution melancholia,	4	9	13	1	2	3	1	4	5	4	—	4	2	—	6
15. Dementia precox,	61	47	108	12	23	35	12	10	22	21	—	21	16	14	30
16. Paranoia and paranoid conditions,	—	6	6	—	3	3	—	1	1	—	—	—	—	2	2
17. Psychoneuroses,	1	1	2	1	1	2	—	1	1	—	—	—	—	—	—
18. With mental deficiency,	7	5	12	—	1	1	2	1	3	4	—	4	1	3	4
19. With constitutional psychopathic inferiority,	—	2	2	—	2	2	—	—	—	—	—	—	—	—	—
20. Epileptic,	1	1	2	—	1	1	—	—	—	—	—	—	—	—	—
21. Undiagnosed,	13	11	24	—	2	2	4	4	8	4	—	4	4	5	9
22. Not insane,	22	7	29	4	1	5	3	5	8	9	1	10	6	—	6
Total,	225	154	379	31	61	92	46	42	88	91	9	100	57	42	99

TABLE 13. — *Marital Condition of First Admissions classified with Reference to Principal Psychoses.*

Psychoses.	TOTAL.			SINGLE.			MARRIED.			WIDOWED.			SEPARATED.			DIVORCED.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	20	24	44	3	3	6	9	4	13	7	17	24	1	1	1	1	1	1	1	1	1
2. Senile,	29	4	33	4	4	8	19	1	20	1	3	9	1	1	1	1	1	1	1	1	1
3. With cerebral arteriosclerosis,	15	2	17	5	1	6	8	1	9	1	1	1	1	1	1	1	1	1	1	1	1
4. General paralysis,	2	—	2	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—
5. With cerebral syphilis,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor,	—	—	—	—	—	—	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases,	1	2	3	—	—	—	19	2	21	5	3	8	1	1	1	1	1	1	1	1	1
9. Alcoholic,	37	6	43	12	1	13	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins,	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra,	—	2	2	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases,	5	8	13	2	2	4	3	12	15	2	2	3	1	1	1	1	1	1	1	1	1
13. Manic-depressive,	7	16	23	2	2	4	3	4	7	1	1	2	1	1	1	1	1	1	1	1	1
14. Involution melancholia,	4	9	13	2	5	7	13	16	29	—	—	—	—	—	—	—	—	—	—	—	—
15. Dementia præcox,	61	47	108	47	25	72	13	16	29	—	—	—	—	—	—	—	—	—	—	—	—
16. Paranoia and paranoic conditions,	—	6	6	—	4	4	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
17. Psychoneuroses,	1	1	2	1	1	2	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
18. With mental deficiency,	1	5	6	1	2	3	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
19. With constitutional psychopathic inferiority,	1	2	3	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. Epileptic,	13	11	24	2	1	3	9	7	16	2	3	5	—	—	—	—	—	—	—	—	—
21. Undiagnosed,	22	7	29	11	1	12	7	3	10	3	2	5	—	—	—	1	1	2	—	—	—
22. Not insane,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total,	225	154	379	93	51	149	92	58	150	28	42	70	3	—	3	4	3	7	—	—	—

TABLE 14. — *Psychoses of Readmissions.*

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	-	-	-	-	-	-
2. Senile, total,	-	-	-	1	3	4
(a) Simple deterioration,	-	-	-	-	-	-
(b) Presbyophrenic type,	-	-	-	-	-	-
(c) Delirious and confused states,	-	-	-	-	-	-
(d) Depressed and agitated states in addition to deterioration,	-	1	1	-	-	-
(e) Paranoid states in addition to deterioration,	1	2	3	-	-	-
3. With cerebral arteriosclerosis,	-	-	-	1	3	4
4. General paralysis,	-	-	-	15	2	17
5. With cerebral syphilis,	-	-	-	1	-	1
6. With Huntington's chorea,	-	-	-	-	-	-
7. With brain tumor,	-	-	-	-	-	-
8. With brain or nervous diseases, total,	-	-	-	-	-	-
Cerebral embolism,	-	-	-	-	-	-
Paralysis agitans,	-	-	-	-	-	-
Tubercular or other forms of meningitis,	-	-	-	-	-	-
Multiple sclerosis,	-	-	-	-	-	-
Tabo-paresis,	-	-	-	-	-	-
Acute chorea,	-	-	-	-	-	-
Other conditions,	-	-	-	-	-	-
9. Alcoholic, total,	-	-	-	17	1	18
(a) Pathological intoxication,	-	-	-	-	-	-
(b) Delirium tremens,	1	-	1	-	-	-
(c) Acute hallucinosis,	5	-	5	-	-	-
(d) Acute paranoid type,	-	-	-	-	-	-
(e) Korsakow's psychosis,	-	-	-	-	-	-
(f) Chronic hallucinosis,	3	-	3	-	-	-
(g) Chronic paranoid type,	3	-	3	-	-	-
(h) Alcoholic deterioration,	5	1	6	-	-	-
(i) Other types, acute or chronic,	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins, total,	-	-	-	-	-	-
(a) Morphine, cocaine, bromides, chloral, etc., alone or combined,	-	-	-	-	-	-
(b) Metals, as lead, arsenic, etc.,	-	-	-	-	-	-
(c) Gases,	-	-	-	-	-	-
(d) Other exogenous toxins,	-	-	-	-	-	-
11. With pellagra,	-	-	-	-	-	-
12. With other somatic diseases, total,	-	-	-	-	1	1
(a) Delirium with infectious diseases,	-	-	-	-	-	-
(b) Post-infectious psychoses,	-	-	-	-	-	-
(c) Exhaustive delirium,	-	-	-	-	-	-
(d) Delirium of unknown origin,	-	-	-	-	-	-
(e) Diseases of the ductless glands,	-	-	-	-	-	-
(f) Cardioresenal disease,	-	-	-	-	-	-
(g) Cancer,	-	-	-	-	-	-
(h) Other diseases or conditions (myoidema),	-	1	1	-	-	-
13. Manic-depressive, total,	12	16	28	15	27	42
(a) Manic type,	3	11	14	-	-	-
(b) Depressive type,	-	-	-	-	-	-
(c) Stupor,	-	-	-	-	-	-
(d) Mixed type,	-	-	-	-	-	-
(e) Circular type,	-	-	-	-	-	-
14. Involution melancholia,	-	-	-	1	4	5
15. Dementia præcox, total,	39	15	54	63	36	99
(a) Paranoid type,	9	10	19	-	-	-
(b) Katatonic type,	11	9	20	-	-	-
(c) Hebephrenic type,	4	2	6	-	-	-
(d) Simple type,	-	-	-	-	-	-
16. Paranoia and paranoid conditions,	-	-	-	-	4	4
17. Psychoneuroses, total,	-	-	-	2	1	3
(a) Hysterical type,	-	-	-	-	-	-
(b) Psychasthenic type,	1	1	2	-	-	-
(c) Neurasthenic type,	1	-	1	-	-	-
18. With mental deficiency,	-	-	-	4	3	7
19. With constitutional psychopathic inferiority,	-	-	-	-	1	1
20. Epileptic, total,	2	-	2	2	-	2
(a) Deterioration,	-	-	-	-	-	-
(b) Clouded states,	-	-	-	-	-	-
(c) Other conditions,	-	-	-	-	-	-

TABLE 14. — *Psychoses of Readmissions* — Concluded.

PSYCHOSES.						
	Males.	Females.	Totals.	Males.	Females.	Totals.
21. Undiagnosed, . . . . .	.	.	.	7	1	8
22. Not insane, total, . . . . .	.	.	.	6	4	10
(a) Epilepsy without psychosis,	—	—	—			
(b) Alcoholism without psychosis,	—	—	—			
(c) Drug addiction without psychosis,	—	—	—			
(d) Constitutional psychopathic inferiority with- out psychosis,	2	1	3			
(e) Mental deficiency without psychosis,	4	3	7			
(f) Others,	—	—	—			
Total, . . . . .	.	.	.	135	91	226

TABLE 15. — Discharges of Patients classified with Reference to Principal Psychoses and Condition of Discharge.

PSYCHOSES.	TOTAL.			RECOVERED.			IMPROVED.			UNIMPROVED.			NOT INSANE.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	5	5	10	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile,	5	3	8	—	—	—	—	—	—	—	—	—	—	—	—
3. With cerebral arteriosclerosis,	5	3	8	—	—	—	—	—	—	—	—	—	—	—	—
4. General paralysis,	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—
5. With cerebral syphilis,	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases,	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic,	53	5	58	36	3	39	13	1	14	4	1	5	—	—	—
10. Due to drugs and other exogenous toxins,	—	2	2	—	1	1	—	1	1	—	—	—	—	—	—
11. With pellagra,	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases,	13	23	36	10	5	15	—	—	—	—	—	—	—	—	—
13. Manic-depressive,	1	10	11	1	18	19	48	27	75	23	16	39	—	—	—
14. Involution melancholia,	71	43	114	—	—	—	2	2	4	1	1	2	—	—	—
15. Dementia præcox,	2	4	6	—	—	—	3	1	4	1	1	2	—	—	—
16. Paranoia and paranoic conditions,	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
17. Psychoneuroses	6	2	8	—	—	—	—	—	—	—	—	—	—	—	—
18. With mental deficiency,	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—
19. With constitutional psychopathic inferiority,	3	1	4	—	—	—	—	—	—	—	—	—	—	—	—
20. Epileptic,	12	1	13	—	—	—	—	—	—	—	—	—	—	—	—
21. Undiagnosed,	27	9	36	1	—	1	7	1	7	4	1	5	—	—	—
22. Not insane,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total,	213	111	324	39	30	69	97	44	141	50	28	78	27	9	36

TABLE 16. — *Causes of Death of Patients classified with Reference to Principal Psychoses.*

[illegible]

TABLE 17. — Age of Patients at Time of Death classified with Reference to Principal Psychoses.

PSYCHOSES.	TOTAL.			YEARS.																				
	Males.	Females.	Totals.	UNDER 15.			15-20.			20-25.			25-30.			30-35.			35-40.			40-45.		
				Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.			
1. Traumatic,	24	31	55	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
2. Senile,	15	10	25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
3. With cerebral arteriosclerosis,	29	10	39	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
4. General paralysis,	3	1	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
5. With cerebral syphilis,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
6. With Huntington's chorea,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
7. With brain tumor,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
8. With other brain or nervous diseases,	12	5	17	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
9. Alcoholic,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
10. Due to drugs and other exogenous toxins,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
11. With pellagra,	1	3	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
12. With other somatic diseases,	4	7	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
13. Manic-depressive,	2	5	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
14. Involution melancholia,	35	31	66	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
15. Dementia precox,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
16. Paranoia and paranoic conditions,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
17. Psychoneuroses,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
18. With mental deficiency,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
19. With constitutional psychopathic inferiority,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
20. Epileptic,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
21. Undiagnosed,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
22. Not insane,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total,	133	112	245	-	-	-	1	-	1	5	-	5	9	8	17	7	6	13	12	6	18	12	8	20

TABLE 18. — *Total Duration of Hospital Life of Patients dying in Hospital classified according to Psychoses.*

PSYCHOSES.	TOTAL.		MONTHS.										YEARS.			
			LESS THAN 1.		1-3.		4-7.		8-12.		1-2.		3-4.		Totals.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.		
1. Traumatic,	24	31	1	4	4	6	1	9	1	4	1	4	1	1	3	
2. Senile,	15	10	5	7	5	10	6	3	4	2	10	2	2	1	1	
3. With cerebral arteriosclerosis,	29	10	1	2	7	1	3	2	1	3	11	3	3	1	3	
4. General paralysis,	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
5. With cerebral syphilis,	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
6. With Huntington's chorea,	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
7. With brain tumor,	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
8. With other brain or nervous diseases,	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
9. Alcoholic,	12	5	4	4	2	1	1	1	1	1	1	2	1	1	1	
10. Due to drugs and other exogenous toxins,	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
11. With pellagra,	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
12. With other somatic diseases,	4	7	1	2	1	1	1	1	1	1	1	1	1	1	1	
13. Manic-depressive,	2	5	1	2	1	1	1	1	1	1	1	1	1	1	1	
14. Involution melancholia,	35	31	1	3	1	1	1	1	1	1	5	8	7	7	14	
15. Dementia precox,	35	31	1	3	1	1	1	1	1	1	5	8	7	7	14	
16. Paranoia and paranoic conditions,	2	2	1	1	1	1	1	1	1	1	2	1	1	1	1	
17. Psychoneuroses,	2	2	1	1	1	1	1	1	1	1	2	1	1	1	1	
18. With mental deficiency,	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	
19. With constitutional psychopathic inferiority,	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	
20. Epileptic,	3	2	2	1	1	1	1	1	1	1	1	1	1	1	1	
21. Undiagnosed,	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
22. Not insane,	133	112	16	14	22	17	16	8	9	6	25	28	12	12	24	
Total,	133	112	245	30	39	39	24	24	15	15	53	53	12	12	24	

TABLE 18. — *Total Duration of Hospital Life of Patients dying in Hospital classified according to Psychoses — Concluded.*

PSYCHOSES.	YEARS.											
	5-10.			10-15.			15-20.			20-25.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	2	3	5	2	1	2	1	1	1	1	1	1
2. Senile,	1	1	2	1	1	2	1	1	1	1	1	1
3. With cerebral arteriosclerosis,	3	3	6	1	1	2	1	1	1	1	1	1
4. General paralysis,	1	1	2	1	1	2	1	1	1	1	1	1
5. With cerebral syphilis,	1	1	2	1	1	2	1	1	1	1	1	1
6. With Huntington's chorea,	1	1	2	1	1	2	1	1	1	1	1	1
7. With brain tumor,	1	1	2	1	1	2	1	1	1	1	1	1
8. With other brain or nervous diseases,	1	1	2	1	1	2	1	1	1	1	1	1
9. Alcoholic,	1	1	2	1	1	2	1	1	1	1	1	1
10. Due to drugs and other exogenous toxins,	1	1	2	1	1	2	1	1	1	1	1	1
11. With pellagra,	1	1	2	1	1	2	1	1	1	1	1	1
12. With other somatic diseases,	3	1	4	1	1	2	1	1	1	1	1	1
13. Manic-depressive,	1	1	2	1	1	2	1	1	1	1	1	1
14. Involution melancholia,	1	1	2	1	1	2	1	1	1	1	1	1
15. Dementia precox,	9	9	18	4	4	8	3	3	6	2	1	3
16. Paranoia and paranoid conditions,	1	1	2	1	1	2	1	1	2	1	1	2
17. Psychoneuroses,	1	1	2	1	1	2	1	1	2	1	1	2
18. With mental deficiency,	1	1	2	1	1	2	1	1	2	1	1	2
19. With constitutional psychopathic inferiority,	1	1	2	1	1	2	1	1	2	1	1	2
20. Epileptic,	1	1	2	1	1	2	1	1	2	1	1	2
21. Undiagnosed,	1	1	2	1	1	2	1	1	2	1	1	2
22. Not insane,	1	1	2	1	1	2	1	1	2	1	1	2
Total,	18	19	37	6	3	9	2	4	6	3	1	4

TABLE 19. — *Family-care Department.*

	Males.	Females.	Totals.
Remaining Sept. 30, 1918,	—	43	43
Admitted within the year,	2	14	16
Nominally returned from visit for discharge, . .	—	—	—
Whole number of cases within the year,	2	57	59
Dismissed within the year,	1	23	24
Returned to institution,	1	22	23
Discharged,	—	—	—
Died,	—	1	1
Visit,	—	—	—
Escaped,	—	—	—
Remaining Sept. 30, 1919,	1	34	35
Supported by the State,	—	23	23
Private,	—	7	7
Self-supporting,	1	4	5
Number of different persons within the year, . .	1	50	51
Number of different persons admitted,	1	14	15
Number of different persons dismissed,	1	21	22
Daily average number, . . . . .	.51	37.45	37.96
State,	—	26.67	26.67
Private,	—	6.78	6.78
Self-supporting, . . . . .	.51	4.00	4.51

The Commonwealth of Massachusetts

ANNUAL REPORT

OF

THE TRUSTEES

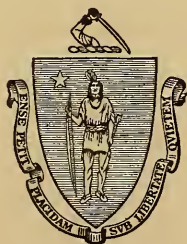
OF THE

WORCESTER STATE HOSPITAL

FOR THE

YEAR ENDING NOVEMBER 30, 1920

DEPARTMENT OF MENTAL DISEASES



BOSTON

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The Commonwealth of Massachusetts

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

The trustees of the Worcester State Hospital respectfully submit their eighty-eighth annual report, with the reports of the acting superintendent and treasurer appended. They ask that careful attention be given the items presented by the acting superintendent, Dr. B. Henry Mason. The trustees deem Dr. Mason most efficient, and believe he has the kind of constructive business ability which make his plans for the increased usefulness of the hospital worth careful thought.

The construction of the new laundry, now nearly completed, will give much better facilities for the industrial work, which is a most valuable factor in the lives of the inmates, but the cold-storage plant and the alterations in kitchen and bakery, to which attention has been called for several years, are still in the future. Fireproof stairs for protection in case of fire are most essential, and we urge the consideration of this necessity. In the Summer Street Department the renovation of the air chambers in the basement should have attention unless this department is to be taken over by the United States in accordance with the following bill, passed at the last session of the General Court: —

Resolved, That the governor and council be authorized to lease to the United States of America, for the use of any department thereof, the land and buildings, or any part thereof, comprising the Worcester State Hospital, for a term not exceeding five years and for such rental as the governor and council may fix; but no person shall obtain a settlement in this commonwealth by reason of his residence at said institution during the period of said lease.

The help situation has been critical at the hospital as elsewhere, but relief seems to be in sight. Many patients have

helped materially in alleviating the shortage. Better salaries should be available, however, to increase efficiency. All departments are in operation, and the various members of the staff have been faithful to the trust imposed upon them. The trustees thank one and all.

It is most fitting to mention the resignation of Miss Georgie A. Bacon of Worcester, chairman of the Board, who has served since 1911, and of Mr. Donald Gordon of Boston, secretary of the Board, who was elected in 1915. Both members were valuable to the hospital, and will be greatly missed by their co-workers.

The present Board will do its best to be of service, but the lack of initiative required and the stereotyped form of work necessarily done reduce the possibility of achievement to the minimum. We respectfully call the attention of His Excellency the Governor and the Honorable Council to the fact that such service is a sacrifice without adequate compensation in accomplishment, and urge the consideration of some plan by which the ability of the various trustees of all similar institutions can be focalized for the advancement of the great and important matter of mental hygiene and its relative subjects.

Respectfully submitted,

EDWARD F. FLETCHER.

JOHN E. WHITE.

JOHN G. PERMAN.

LUTHER C. GREENLEAF.

CAROLINE M. CASWELL.

MAE CARLSON.

WILLIAM J. DELEHANTY.

Nov. 30, 1920.

ACTING SUPERINTENDENT'S REPORT.

To the Trustees of the Worcester State Hospital.

I herewith respectfully submit the following report of the hospital for the year ending Nov. 30, 1920, it being the eighty-eighth annual report.

There remained on the hospital books Oct. 1, 1919, 1,873 patients, — 997 men and 876 women. During the year ending Sept. 30, 1920, there were admitted 970 patients, — 506 men and 464 women. Five hundred and seventy-two patients — 331 men and 241 women — were discharged from the hospital. Of this number, 300 patients — 184 men and 116 women — were discharged; 233 patients — 143 men and 90 women — died; 39 patients — 4 men and 35 women — were transferred, leaving at the end of the statistical year 2,271 patients, — 1,172 men and 1,099 women. One thousand nine hundred and seventy-one patients — 997 men and 974 women — were actually in the hospital. Of this number, 1,769 were supported by the State, 110 by friends, and 92 as reimbursing patients. Of the patients discharged, 65 were reported as recovered, 153 as improved, and 56 as not improved. Twenty-six patients — 17 men and 9 women — were discharged as not insane. Twenty-four women were transferred by the Department of Mental Diseases to the Gardner State Colony; 2 men and 4 women to the State Infirmery; 2 men and 1 woman to the Danvers State Hospital; 3 women to the Foxborough State Hospital; 1 woman to Dr. Wiswall's; 1 woman to the Medfield State Hospital; 1 woman to the Boston State Hospital. Eleven men and 3 women were removed from the State, and 12 men and 11 women were deported.

There remained in the hospital at the end of the year 406 more patients than at the beginning. The smallest number under treatment on any day was 1,571 patients, and the largest, 2,046. The daily average was 1,913.93.

The percentage of recoveries calculated upon the number of discharges and deaths was 11.3; calculated upon the number of admissions, 7.1. In order, however, to make an honest comparison with last year it is necessary to subtract 433, the number of chronic cases received by reason of the absorption of the Summer Street Department, Dec. 1, 1919, from the total number of admissions for the year, which shows a percentage of 12.1, or an increase of .92 per cent over the showing of the preceding year.

The death rate was 8.1 calculated on the whole number of patients under treatment, and 12.1 calculated on the daily average number.

Although there was an increase of 324.83 in the daily average number of patients under treatment over that of 1919, 12 less deaths occurred in the hospital.

Six hundred and seventeen patients were admitted during 1919, and 532 (not including those received by reason of the Summer Street acquisition) the past year, or a decrease in the whole number of admissions of 85.

PSYCHOSES OF FIRST ADMISSIONS.

The accompanying table shows there was a total of 371 admitted for the first time during 1920, against 379 for the preceding year (14 of this number, or 3.7 per cent, were suffering from mental disease due to the excessive use of alcohol), and 43, or 11.3 per cent, for the year 1919, or a decrease of 67.5 per cent in the number of alcoholic admissions during the past statistical year. These findings should be convincing evidence that prohibition is a bulwark of mental as well as physical strength for our fellow beings.

There was quite an increase in the number of cases of cerebral arteriosclerosis and general paralysis admitted. Twenty-six and one-sixth per cent of first admissions were suffering from dementia præcox, and 6.1 per cent from manic-depressive insanity. There was only 1 case of pellagra admitted during the year. Seven patients — 5 men and 2 women — committed were not insane. The Wassermann reaction on the blood serum was positive in 11.32 per cent of the first admissions.

Psychoses of First Admissions, 1919-20.

PSYCHOSES.	1920.			1919.		
	Males.	Fe- males.	Totals.	Males.	Fe- males.	Totals.
Traumatic,	—	1	1	—	—	—
Senile,	8	25	33	20	24	44
With cerebral arteriosclerosis, . . .	49	27	76	29	4	33
General paralysis,	31	3	34	15	2	17
With cerebral syphilis,	1	1	2	2	—	2
With Huntington's chorea,	1	—	1	—	—	—
With other brain or nervous diseases,	—	—	—	1	2	3
Alcoholic,	14	—	14	37	6	43
Due to drugs and other exogenous toxins,	—	—	—	—	1	1
With pellagra,	—	1	1	—	2	2
With other somatic diseases,	1	8	9	5	8	13
Manic-depressive,	8	15	23	7	16	23
Involution melancholia,	3	12	15	4	9	13
Dementia præcox,	63	36	99	61	47	108
Paranoia and paranoic condition, . .	3	—	3	—	6	6
Psychoneurosis,	2	6	8	1	1	2
With mental deficiency,	10	7	17	7	5	12
With psychopathic personality, . . .	5	3	8	1	2	3
Epileptic,	3	3	6	—	1	1
Undiagnosed,	6	8	14	13	11	24
Not insane,	5	2	7	22	7	29

There were 102 men and 55 women, a total of 157 persons, admitted as emergency, temporary-care or observation cases, of which 123 were regularly committed; of the 34 not committed, 6 regained their normal mental poise, 14 were not insane, 5 were discharged improved, 6 not improved, and 3 died.

There have been several criminals admitted during the year. One of these cases was an incorrigible girl received from the Reformatory for Women, who showed no evidence of a psychosis. It should be regarded as most unfortunate that provision has not been made where rational care and treatment could be provided for this class of cases. They are a problem

which should not have to be dealt with by a hospital for the insane.

During the year 28 ex-service men were admitted. The following summary shows their mental classification and environmental states at the end of the statistical year, which shows 50 per cent have been returned to the community. There were 4 soldiers admitted to the hospital as temporary-care or observation cases that were not committed, making a total of 32 admissions. Of those not committed, but for whom satisfactory arrangements were made for their care in the community, 1 was a case of manic-depressive psychosis, one dementia præcox, and 1 psychopathic personality. The fourth was a case of encephalitis lethargica, and died after a residence of five days.

Soldiers and Sailors, 1920.

PSYCHOSES.	First Admissions.	Re-admissions.	Totals.	PRESENT STATUS..		
				In the Hospital.	On Visit.	Discharged.
General paralysis,	-	1	1	1	-	-
Alcoholic,	2	1	3	-	1	2
Dementia præcox,	11	7	18	11	6	1
Mental deficiency,	2	-	2	-	2	-
Psychopathic personality,	1	-	1	-	1	-
Unclassified,	-	1	1	1	-	1
Not insane,	1	1	2	1	-	1

HEALTH OF THE POPULATION.

The general health of the institution has been good. There were 2 sporadic cases of parotitis, and 3 of varicella, among the employees. One attendant, who had been in the service of the hospital nearly a year, died, after a comparatively short illness, of tuberculosis of the stomach and liver. A male patient suffering from manic-depressive psychosis, who had experienced recurring attacks of depression and excitement, had apparently recovered from a disturbed period and was under consideration for dismissal from the hospital when he committed suicide by hanging. A female patient died from asphyxiation resulting from laryngeal obstruction by a bolus of cake which

she appropriated in the dining room. Both these deaths were investigated by the medical examiner and Dr. Myrtelle M. Canavan of the Department of Mental Diseases.

PRINCIPAL CAUSES OF DEATHS.

Twenty-nine and one-tenth per cent of all deaths were due to arteriosclerosis and cardiovascular renal disturbances; 21 to pneumonia; $16\frac{1}{10}$ to syphilis of the central nervous system; and $21\frac{1}{10}$ to pulmonary tuberculosis.

STAFF CHANGES.

The following changes have taken place on the staff of the institution: —

Dr. George K. Butterfield, senior assistant physician, and Dr. Michael J. O'Meara, assistant physician, formerly on the staff of the Grafton State Hospital, stationed at the Summer Street Department, became members of our staff Dec. 1, 1919.

Dr. Roy C. Jackson, a former member of the staff, returned to the service Dec. 1, 1919.

Dr. George K. Butterfield was transferred to the Danvers State Hospital July 10, 1920, and Dr. William J. Vivian was transferred from the main hospital to fill the vacancy.

Several vacancies still remain unfilled.

Miss Alice M. Flint resigned Oct. 7, 1920, to accept the position as head dietitian at St. Luke's Hospital, New Bedford, beginning at a salary considerably more than we could offer her. Miss Gladys E. Johnson was appointed head dietitian Nov. 1, 1920, to fill the vacancy.

Five third-year medical students served as internes during the summer: —

Miss India Hunt of the Women's College of Pennsylvania, from June 24, 1920, to Aug. 18, 1920.

Miss Sarah Mu Jin Ching of the Women's College of Pennsylvania, from June 24, 1920, to Sept. 29, 1920.

Mr. Charles H. Griffin of Tufts Medical College from June 1, 1920, to Sept. 4, 1920.

Mr. Leo V. Conlon of Tufts Medical College from June 1, 1920, to Sept. 4, 1920.

Mr. John J. Dunphy of Harvard Medical College from June 28, 1920, to Sept. 4, 1920.

Arrangements have been made with Miss Marjorie Bates, a student at Clark University, to do the psychological work for the hospital during her college year.

MEDICAL AND PSYCHIATRIC WORK.

During the year 238 staff meetings were held at which 687 cases were presented. The same routine has been observed in the presentation of patients, and at the literature and laboratory conferences, as was described in last year's report. The several vacancies on the staff led to the greatest amount of our energy being consumed in the performance of the necessary routine work of both the clinical and pathological departments. However, our assistants deserve credit for the conscientious manner in which they have cared for over 532 admissions, a daily population of nearly 2,000 patients, and 97 autopsies. Five papers have been prepared. An increasing amount of clinical work has been carried on through our out-patient department; and through the co-operation and assistance of the superintendent of schools, Mr. Thomas F. Gibbons, a mental clinic was established in Clinton during the month of October. The work of the pathological department is given in detail in the report of the pathologist, which is appended.

The rapid progress made in psychiatry the past few years by systematic study and research, and the general recognition which it received during the late war, places it on a scientific plane equivalent to medicine and surgery. In order to meet the responsibilities and maintain the prestige as one of the major departments of the healing art, it is imperative that conditions should be so effected that it will be possible to secure and organize a staff of competent workers that will be energetic and skillful in making complete observations and examinations of living patients; scientific correlation of the clinical and pathological findings; and a force in teaching and promulgating the principles of mental health. It may be possible to demonstrate the *modus operandi* of cures when we have become more enlightened and skilled in the therapy and pathology of the endocrine disturbances, but I would venture to

suggest that in the field of mental hygiene the greatest strides in psychiatry will be made in the immediate future by coming more directly into daily contact with the community through closer and better co-operation with the dispensaries, general hospitals, social agencies, neurologists and the psychologists. We must be ever cognizant of the fact that hospitals offer opportunities which private practice can never afford. For this reason it would appear that it becomes the duty of the State and of us, as public servants, to offer inducements that will encourage undergraduates and physicians to avail themselves of the advantages of State hospital work and affiliation.

SYPHILITIC CLINICS.

The treatment of syphilitic patients, showing involvement of the central nervous system, has been carried on by Dr. Ada F. Harris.

Three weekly clinics have been held, 2 at the Summer Street Department and 1 at the main hospital. Sixty-nine patients received treatment, 1,298 intravenous injections of arsphenamine, 573 intramuscular injections of mercury salicylate, and 7 intraspinous injections of arsphenimized serum being given.

All of the cases of paresis have been in the latter stages of the disease, where little can be anticipated from treatment except to make the patient less destructive or excited, and a more comfortable hospital case. Four patients improved to such an extent they were able to go out on visit and report weekly for treatment. The following table will show diagnosis and disposition of cases, and emphasizes the fact that diagnosis of syphilis should be made early, and thorough treatment given before the disease has ravaged the central nervous system: —

PSYCHOSES.	Men.	Women.	Total.	WASSEEMANN.		Gold Albumin Globu- lin.	SEROLOGICAL IMPROVED.		Clinical Im- proved.	Eloped.	Dis- charged.	Im- proved on Visit.	Died.	Re- main- ing in hos- pital.
				Blood.	Spinal.		Blood.	Spinal.						
General paralysis,	34	7	41	+	+	+	10	2	8	-	4	4	7	26
Cerebrospinal syphilis,	2	-	2	+	+	+	1	1	1	-	-	-	-	-
Congenital syphilis,	-	2	2	+	+	+	-	-	1	-	-	-	-	2
Tabes,	1	-	1	+	+	+	1	-	-	-	-	-	-	-
Alcoholic hallucinosis,	1	1	2	+	-	-	2	-	-	2	-	-	-	-
Dementia præcox,	3	7	10	+	-	-	5	-	-	-	-	-	-	10
Manic-depressive,	-	1	1	+	-	-	1	-	-	-	-	-	-	1
Imbecile,	-	6	6	+	-	-	4	-	-	-	-	-	-	6
Unclassified,	1	-	1	-	-	-	-	-	-	-	-	-	-	1
Not insane,	2	-	2	+	-	-	2	-	-	-	-	-	-	-

Stimulated by a philanthropic motive to be of the greatest possible service to those unfortunate fellow beings suffering with a loathsome disease, and who, without skillful and intensive treatment, have a life expectancy of about three years, during which they must pass through a period of increasing degradation, when the citadel of reason and physical strength will be seen to totter and finally succumb to death, arrangements have been made for a representative of the hospital to visit the venereal clinic which is held at the City Hospital, outpatient department, at least once a month, in the capacity of a consultant. By this arrangement, which will aid the officers of the clinic in effecting a complete routine neurological and serological examination of the cases, those having early involvement of the central nervous system will be detected, and the progress of the disease checked in its incipiency by the administration of specific treatment according to the individual requirements of the case.

OCCUPATIONAL AND INDUSTRIAL THERAPY.

We were fortunate to secure the services of Miss Mary M. Caton on Nov. 1, 1920, as head occupational therapist. For nearly two years she was in the United States Army, engaged in reconstruction and occupational work.

The arrangement of the work in this department as organized at the present time consists of three main divisions, — arts and crafts, diversional activities, and re-education or habit forming.

The vocational instructor consults with the physicians relative to the early selection of cases and the type of work best suited to the patient. Many of the patients go to the male and female industrial rooms, and classes are also held on the various wards; among the acute cases this requires much individual attention. Idleness is even more conducive to mental, moral and physical deterioration in the individual who is mentally deranged than in the person with a normal psychological rating. Wholesome exercise and employment, which serves to stimulate the functions of the body, is an essential requisite for all beings.

Miss Julia Cooper, R.N., who has been in charge of the work in the female department, and Mr. Fred Corkum of the male department deserve mention for the creditable manner in which they have carried on the work the past year.

Our annual Christmas exhibition and sale attracted an unusually large attendance.

SOCIAL SERVICE.

Miss Jennie A. Harrington has demonstrated a great capacity for work and untiring effort by her activities in this department of the hospital, which is much too large for one person to cope with satisfactorily. The assistance of another field worker and a volunteer worker are urgently needed to meet the demands of the institution. Miss Harrington's report is appended.

TRAINING SCHOOL.

The administrative duties and guidance of the work in the school has continued under the successful supervision of Mrs. Elsie I. Richards, who has experienced difficulties at times, owing to the lack of qualified applicants to fill vacancies, and our inability to offer sufficient inducements to retain many of our graduates in the service. All members of the intermediate class were sent to the Boston City Hospital for their affiliating work, and the curriculum somewhat increased.

A class of 7 seniors was graduated Oct. 30, 1920. After the exercises, a reception and dance was held for the class and their friends. The resignation of Miss Jennie C. Putnam, assistant superintendent of nurses, who had shown both energy and efficiency as an instructor, was accepted with regret. The vacancy was filled by the appointment of Mrs. Merle Maulsbury, a graduate of the Memorial Hospital of Worcester.

HYDROTHERAPY AND ELECTROTHERAPY.

The hydrotherapeutic department has been active under the supervision of a married couple experienced in nursing and hydrotherapy. All treatment is carried out in accordance with a prescription written by the physician in charge of the case.

The wall plate and portable apparatus have been of service in a few cases during the year.

Dr. Arthur H. Mountford has done the X-ray work and kept the records of that department. He reports that 17 fluoroscopic examinations have been made and a total of 37 treatments for epithelioma given to three patients. One hundred and five skiagraphs were taken, as follows: —

Hip,	3	Teeth,	16
Wrist,	3	Shoulder,	5
Foot,	9	Chest,	22
Head,	11	Pituitary,	12
Knee,	6	Bullet wound,	1

The need and importance of a Roentgen ray examination of many of our admissions as an aid in ascertaining the cause, making a diagnosis and prescribing treatment is plainly evident, but the pressure of routine duties would not permit of more time being given to this work.

DENTISTRY.

Our dentist, Dr. Burton E. Loring, has visited the main hospital one day a week, and reports the following work done:—

Extractions,	517
Amalgam fillings,	77
Cement,	52
Treatment and temporary fillings,	67
Bridges set,	9
Cleanings,	153
Examination of patients for whom no work was done,	192

The dental needs of the patients at the Summer Street Department have been attended by Dr. A. J. Harpin. During the year 400 patients were examined and the following work done:—

Silver and cement fillings,	101
Gums treated and teeth cleaned,	160
Teeth and roots extracted,	95
Sets of teeth made,	2
Sets of teeth repaired,	4

EMPLOYEES.

The general prosperity of the country, which made it possible during the early part of the year for the more desirable persons to obtain work that was more congenial and better paid, led to much difficulty in obtaining a sufficient number of employees to properly carry on the work of the different departments. There was an average shortage during the year of 26.2 per cent, but the situation was the most acute during the month of June, when there was only 65.1 per cent of our normal quota of employees on the pay roll. A gradual increase in the amount of work and our inability to fill vacancies made the burdens of the clerical force unusually hard. Although quite a material increase in wages was made by the adoption, the first of June, of the new schedule recommended by the Department of Mental Diseases, but little relief was experienced until the beginning of the business recession which is now making itself felt. This, together with the approach of winter, has made it possible to exercise more care in the selection of the applicants for positions, with a corresponding improvement in discipline and the character of the services rendered.

FARM AND GARDEN.

Although our head farmer was seriously handicapped during the spring and early summer by the extreme shortage of labor, which could not be entirely compensated by increasing the number of patients employed in that department, the year has been a successful one. Owing to the dry season, and perhaps to some lack of sufficient care, the ensilage and potato crops were below normal. There were \$14,076.57 worth of garden produce raised; \$7,662.50 of hay, ensilage and green fodder; and 1,064 bushels of sweet corn. The dairy herd produced 364,393 quarts of milk and 8,967 pounds of beef; 25,976 pounds of pork were dressed. The poultry department furnished the institution with 2,755 pounds of dressed fowl, 45,939 eggs, and 56 pounds of duck. The cattle were tested for the presence of tuberculosis this fall by a representative of the Bureau of Animal Industry, and those condemned disposed of. About 2 acres of land were cleared. A ditch about 700 feet

long was dug to drain a section of the large field on Belmont Street, and a large trench, $2\frac{1}{2}$ feet wide and over 5 feet deep, extending from Plantation Street to and back of the hospital, a distance of 1,800 feet, for our additional water supply, was dug by disturbed male patients under the supervision of two attendants.

REPAIRS AND IMPROVEMENTS.

The results of the reorganization and consolidation of the various units of the repair department made last year have been satisfactory from both an economical and efficient point of view. The renovation and remodeling of Wheeler Cottage No. 2, so that it will furnish very desirable accommodations for two of our employees and their families, is nearly completed. A milk room and pasteurizing plant have been built and are now ready for the installation of the machinery. The dormitory at our Hillside Farm was painted outside and inside, the farm house inside and also the new hog house. Four wards at the main building were painted, and all the toilets, bathrooms and clothes rooms in the Appleton section. The iron grill work and woodwork of the Woodward roof exercise space were repaired and painted, also two automobiles and two trucks. An electric motor was installed in place of the old gasoline engine for the pump at Hillside Farm. During the month of April all useful laundry machinery and equipment was removed from the Summer Street Department and installed at the main hospital, where all laundry operations are now carried on. Individual motors were installed for the bread and cake mixers in the bakery, and for the potato peeler, meat chopper and ice-cream freezer. The governor wheel of one of the engines was rebored, the settings of 7 boilers were repaired and a new boiler feed pump installed. In addition, a large amount of repair work has been done on the wards and various departments of the institution by the carpenters, painters, steam fitter, mason, plumbers and electrician.

The severe weather of last winter made it necessary to make quite extensive repairs on the slate, valleys, metal vents, skylights, copings, etc., of the roofs of the various buildings.

With the exception of the steam fitting, plumbing, electric wiring and painting done by the hospital mechanics, the work

of building the addition and making alterations on the laundry, for which a special appropriation was received, was let to a general contractor, and I am pleased to report is well under way to completion.

The new cottage for 30 patients at Hillside Farm was occupied early in the year.

REQUIREMENTS.

I desire to call to your attention the pressing needs of special appropriations for the erection of a cold-storage building and storehouse, for alterations on the kitchen and bakery, and for fireproof stairways, as outlined in the report of last year. Among other wants of the institution, less urgent but desirable, are a congregate dining room, the installation of a sprinkler system for the attics, and the elevation of the Washburn roof, which would afford provision for a very satisfactory ward for the accommodation of about 20 patients.

At the Summer Street Department the fire hazard which exists, due to the present condition of the old heat shaft in the basement, makes it imperative that an appropriation should be granted in order to efface an ever-threatening catastrophe.

The present engine room, which does not well meet our present needs, is in need of extensive repairs, and the refrigerating apparatus which has been in operation over seventeen years is completely worn out. I would therefore respectfully call to your attention that by building a new engine room as planned when the boiler house was erected, the old engines and dynamos could be used, and the installation of a new ice machine of 8-ton capacity would be sufficient for our needs in the kitchen, and also furnish refrigeration for a mortuary.

AMUSEMENTS.

The weekly dances, motion-picture shows, Saturday afternoon parties and miscellaneous entertainments have been held in the chapel. Several new phonograph records have been bought and a new machine provided at the Summer Street Department.

MISCELLANEOUS.

Regular religious services have been held at both the main hospital and the Summer Street Department.

We wish to thank the publisher of the "Fitchburg Sentinel" for copies of his paper, and the Royal Worcester Corset Company for magazines.

I desire to express my appreciation to all employees who have been faithful and efficient in the performance of their duties, and to your Board for the ever-ready advice and counsel in dealing with the affairs of the institution.

B. HENRY MASON,

Acting Superintendent.

Nov. 30, 1920.

REPORT OF THE SOCIAL SERVICE DEPARTMENT.

To the Acting Superintendent.

I herewith respectfully submit the following report of the social service department for the year ending Nov. 30, 1920.

The work has been carried on during the year very much as outlined in last year's report. The following table shows the number and nature of cases handled during the year: —

	HOME VISITS.		Social Case Work.	Securing Histories.	INVESTIGATIONS.		BOARDING-OUT PATIENTS.			
	Patient.	Relatives.			Home.	Others.	Visits.	Placed.	Replaced.	Returned.
Male,	24	36	3	53	12	12	-	-	-	-
Female,	76	24	40	31	30	24	111	3	-	10
Total,	100	60	43	84	42	36	111	3	-	10

In addition to the above table, 34 soldier cases have been considered. All ex-service men are referred to the local Red Cross chapter, who attend to all matters of guardianship, insurance, compensation, etc. All social service problems of soldiers are handled by the social service department. Suitable employment has been secured for 9 patients.

The charitable agencies, overseers of the poor, police departments and churches in various communities have all been very co-operative, and have come to our aid when assistance was desired.

During the year there have been introduced in all the State hospitals of Massachusetts new social service folders and new forms for monthly statistical reports. The social service record in the new folder is filed with the medical record. On the outside of the folder are recorded the social data of the patient,

thus enabling the physician or social worker at a glance to get the outstanding social factors of the case. The statistics show the true volume of the work of the department, and help tell the story of what the department is doing and its policies.

This department is unable to develop the work, or to do as thorough work as desired, because of only one worker in the department. The territory covered is extensive, including Worcester, Middlesex and part of Suffolk counties. One hundred and ninety-three patients are on visit, and are to be visited at least once during the year. Forty-eight of the patients on visit need special supervision, and often serious family difficulties must be adjusted. The number of investigations and histories to be secured by the department demand much time. It is hoped that at least one more worker may be added during the year.

This department strives never to forget that social service means personal service in every sense of the word.

JENNIE A. HARRINGTON,

Social Worker.

Nov. 30, 1920.

LABORATORY REPORT.

To the Acting Superintendent of the Worcester State Hospital.

The following report of the laboratory work for the year ending Nov. 30, 1920, is respectfully submitted:—

Clinical Work.

Urine analyses,	1,207
Cerebrospinal fluid examinations,	97
Sputums,	56
Blood cultures,	3
Blood counts,	27
Blood smears for malaria,	2
Feces,	4
Throat cultures,	8
Gastric contents,	1
Smears: cervix and vagina,	33
Autogenous vaccine,	7
Animal inoculation,	2
Post-mortem smears and cultures,	57
Surgical tissue,	3
<hr/>	
Total,	1,507

Histologic examinations have been made of 10 autopsied cases, 2 of which are being studied in detail with various stains.

Eight laboratory staff meetings were held during the year, at which meetings cases were presented by the pathologist, and one each by student internes on cases assigned to them and prepared under supervision of the pathologist.

Work in the laboratory has progressed with difficulty, as no technician or stenographer has been available, with the exception of two months during the year, and the stenographic records as well as the clinical work and arsphenamine treatments have fallen to the lot of the pathologist.

Ninety-seven autopsies, being 39 per cent of the deaths, have

been performed, with the following psychiatric and major anatomical diagnoses: —

Psychoses: —	
Dementia præcox: —	
Hebephrenic,	5
Paranoid,	8
Catatonic,	5
Manic-depressive: —	
Manic,	1
Depressed,	4
General paralysis,	16
Epilepsy,	2
Senile: —	
Simple,	18
Presbyophrenic,	1
Paranoid,	3
Depressed and agitated,	1
Alcoholic: —	
Acute hallucinosis,	3
Deterioration,	3
Korsakow's psychosis,	1
With cerebral arteriosclerosis,	22
With constitutional inferiority,	1
With Huntingdon's chorea,	1
Involutional melancholia,	1
Unclassified,	3
<hr/>	
Total,	97

The major anatomical diagnoses were —

Lobar pneumonia,	23
Broncho-pneumonia (terminal),	7
Broncho-pneumonia and facial erysipelas,	1
Broncho-pneumonia with emphysema,	1
Empyema,	1
Pulmonary tuberculosis,	6
Tubercular meningitis and peritonitis,	1
Cerebrospinal meningitis with pyelonephritis and cystitis (pneumococci),	1
Acute encephalitis,	1
General paralysis,	7
General arteriosclerosis,	3
Cerebral hemorrhage from rupture of cerebral aneurism,	1
Cerebral hemorrhage with cerebral arteriosclerosis,	6

Coronary occlusion with arteriosclerosis,	2
Fractured femur with arteriosclerosis,	1
Cardiovascular-renal,	15
Cardiovascular-renal with fracture of ribs,	1
Cardiovascular-renal with diabetic gangrene (leg),	1
Acute endocarditis,	1
Embolism with acute endocarditis,	2
General septicæmia,	3
Decubitus septicæmia,	1
Pyelonephritis with stones,	1
Carcinoma of pylorus and liver,	1
Carcinoma of cæcum, rupture and peritonitis,	1
Carcinoma of rectum and liver,	1
Carcinoma of duodenum and head of pancreas,	1
Atrophic cirrhosis of liver,	1
Intestinal obstruction due to volvulus,	2
Suicide by hanging,	1
Asphyxiation by food in larynx and bronchi,	1
Catatonic exhaustion,	1
Total,	97

A. F. HARRIS,

Pathologist.

Nov. 30, 1920.

VALUATION.

Nov. 30, 1920.

REAL ESTATE.

Land (589 acres),	\$402,600 00
Buildings,	2,163,406 96
	<hr/>
	\$2,566,006 96

PERSONAL PROPERTY.

Travel, transportation and office supplies,	\$10,516 52
Food,	24,005 20
Clothing and materials,	34,350 62
Furnishings and household supplies,	155,108 78
Medical and general care,	13,167 23
Heat, light and power,	3,727 43
Farm,	2,140 70
Stable and garage,	7,431 50
Repairs,	9,194 20
	<hr/>
	\$259,642 18

SUMMARY.

Real estate,	\$2,566,006 96
Personal property,	259,642 18
	<hr/>
	\$2,825,649 14

TREASURER'S REPORT.

To the Department of Mental Diseases.

I respectfully submit the following report of the finances of this institution for the fiscal year ending Nov. 30, 1920:—

CASH ACCOUNT.

Balance Dec. 1, 1919,	\$622 53
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Receipts.

Institution Receipts.

Board of inmates:—

Private	\$841,511 73	
Reimbursements, insane,	47,868 11	
		\$89,379 84

Sales:—

Travel, transportation and office expenses,	\$87 15	
Food,	320 38	
Clothing and materials,	174 20	
Furnishings and household supplies,	275 70	
Medical and general care,	114 12	
Heat, light and power,	9 60	
Farm and stable:—		
Cows and calves,	\$574 42	
Pigs and hogs,	36 00	
Hides,	81 98	
Vegetables,	305 38	
Use of teams,	92 25	
Sundries,	10 00	
		1,100 03
Grounds,	143 25	
Repairs, ordinary,	20 40	
Industries,	1,152 63	
		3,397 46

Miscellaneous receipts:—

Interest on bank balances,	\$1,114 37	
Rent,	1,074 85	
Sundries,	154 15	
		2,343 37

95,120 67

Receipts from Treasury of Commonwealth.

Maintenance appropriations:—

Balance of 1919,	\$39,327 88	
Advance money on hand November 30 (regular, \$45,000; temporary account of October schedule, \$32,000),	77,000 00	
Approved schedules of 1920,	540,286 30	
		656,614 18

Special appropriations,	31,773 40	
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Total,	\$784,130 78	
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Payments.

To treasury of Commonwealth: —

Institution receipts,	\$95,120 67	
Refunds account of maintenance,	33 86	
	<hr/>	\$95,154 53

Maintenance appropriations: —

Balance November schedule, 1919,	\$39,950 41	
Eleven months' schedules, 1920,	\$585,431 88	
Less returned,	33 86	
	<hr/>	585,398 02
November advances,	27,762 24	
	<hr/>	653,110 67

Special appropriations, approved schedules,	31,773 40
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Balance Nov. 30, 1920: —

In bank,	\$3,742 33	
In office,	349 85	
	<hr/>	4,092 18

Total,	\$784,130 78
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MAINTENANCE.

Balance from previous year, brought forward,	\$2,402 50
Appropriation, current year,	767,400 00

Total,	\$769,802 50
Expenses (as analyzed below),	677,295 88

Balance reverting to treasury of Commonwealth,	\$92,506 62
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Analysis of Expenses.

Personal services: —

B. Henry Mason, acting superintendent,	\$2,760 00	
Medical,	12,048 87	
Administration,	17,471 60	
Kitchen and dining-room service,	11,339 42	
Domestic,	27,181 22	
Ward service (male),	43,887 90	
Ward service (female),	44,228 80	
Industrial and educational department,	2,593 98	
Engineering department,	27,552 10	
Repairs,	14,061 42	
Farm,	10,243 05	
Stable, garage and grounds,	3,867 85	
	<hr/>	\$217,236 21

Religious instruction: —

Catholic,	\$1,200 00	
Hebrew,	260 00	
Protestant,	385 00	
	<hr/>	1,845 00

Amount carried forward,	\$219,081 21
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<i>Amount brought forward,</i>		\$219,081 21
Travel, transportation and office expenses:—		
Advertising,	\$420 18	
Postage,	591 34	
Printing and binding,	772 64	
Printing annual report,	268 04	
Stationery and office supplies,	1,730 65	
Telephone and telegraph,	1,833 37	
Travel,	1,521 29	
		<hr/>
		7,137 51
Food:—		
Flour,	\$25,531 74	
Cereals, rice, meal, etc.,	7,348 17	
Bread, crackers, etc.,	781 00	
Peas and beans (canned and dried),	4,741 93	
Macaroni and spaghetti,	1,322 49	
Potatoes,	12,400 13	
Meat,	48,822 03	
Fish, (fresh, cured and canned),	6,483 92	
Butter,	7,088 44	
Butterine, etc.,	14,367 62	
Cheese,	2,501 38	
Coffee,	1,008 65	
Coffee substitutes,	1,798 77	
Tea,	797 05	
Cocoa,	234 13	
Whole milk,	106 97	
Milk (condensed, evaporated, etc.),	2,801 03	
Eggs (fresh),	12,043 34	
Egg powders, etc.,	1,433 26	
Sugar (cane),	10,858 99	
Fruit (fresh),	1,489 96	
Fruit (dried and preserved),	7,381 82	
Lard and substitutes,	3,066 49	
Molasses and syrups,	2,550 58	
Vegetables (fresh),	687 57	
Vegetables (canned and dried),	799 73	
Seasonings and condiments,	1,097 12	
Yeast, baking powder, etc.,	489 27	
Sundry foods,	547 24	
		<hr/>
		180,580 82
Clothing and materials:—		
Boots, shoes and rubbers,	\$5,862 98	
Clothing (outer),	7,950 61	
Clothing (under),	2,247 07	
Dry goods for clothing,	5,711 70	
Hats and caps,	194 78	
Leather and shoe findings,	340 61	
Socks and smallwares,	1,925 41	
		<hr/>
		24,233 16
Furnishings and household supplies:—		
Beds, bedding, etc.,	\$14,053 89	
Carpets, rugs, etc.,	904 44	
		<hr/>
<i>Amounts carried forward,</i>	\$14,958 33	\$431,032 70

Amounts brought forward, \$14,958 33 \$431,032 70

Furnishings and household supplies—*Con.*

Crockery, glassware, cutlery, etc.,	1,865 83	
Dry goods and smallwares,	1,458 75	
Electric lamps,	924 66	
Fire hose and extinguishers,	697 61	
Furniture, upholstery, etc.,	1,284 29	
Kitchen and household wares,	4,960 98	
Laundry supplies and materials,	5,090 66	
Lavatory supplies and disinfectants,	2,682 73	
Machinery for manufacturing,	815 56	
Table linen, paper napkins, towels, etc.,	3,861 88	
		28,601 28

Medical and general care:—

Books, periodicals, etc.,	\$445 93	
Entertainments, games, etc.,	1,807 45	
Funeral expenses,	725 00	
Gratuities,	86 81	
Ice and refrigeration,	978 35	
Laboratory supplies and apparatus,	585 34	
Manual training supplies,	64 03	
Medicines (supplies and apparatus),	3,214 87	
Medical attendance (extra),	1,005 88	
Patients boarded out,	3,368 79	
Return of runaways,	318 15	
Tobacco, pipes, matches,	3,376 65	
Water,	7,943 82	
		23,921 07

Heat, light and power:—

Coal (bituminous),	\$67,647 15	
Freight and cartage,	351 29	
Coal (screenings),	22,061 28	
Freight and cartage,	321 73	
Coal (anthracite),	6,939 93	
Wood,	60 00	
Electricity,	181 54	
Gas,	834 21	
Oil,	603 23	
Operating supplies for boilers and engines,	392 74	
		99,393 10

Farm:—

Bedding materials,	\$692 64
Blacksmithing and supplies,	363 22
Carriages, wagons and repairs,	140 80
Dairy equipment and supplies,	1,578 34
Fencing materials,	204 00
Fertilizers,	1,725 32
Grain, etc.,	22,932 68
Hay,	9,249 30
Harnesses and repairs,	248 85
Horses,	1,000 00
Other live stock,	196 46
Labor (not on pay roll),	94 35

Amounts carried forward, \$38,425 96 \$592,948 15

Amounts brought forward, \$38,425 96 \$592,948 15

Farm — *Con.*

Rent,	250 00	
Spraying materials,	119 15	
Stable and barn supplies,	80 90	
Tools, implements, machines, etc.,	986 05	
Trees, vines, seeds, etc.,	1,287 71	
Veterinary services, supplies, etc.,	470 76	
Lime,	136 50	
		<hr/>
		41,757 03

Garage, stable and grounds: —

Motor vehicles,	\$3,996 79	
Automobile repairs and supplies,	2,976 33	
Blacksmithing and supplies,	225 11	
Carriages, wagons and repairs,	87 70	
Fertilizers,	4 00	
Grain,	369 41	
Hay,	356 81	
Harnesses and repairs,	152 15	
Stable supplies,	8 16	
Tools, implements, machines, etc.,	58 14	
Trees, vines, seeds, etc.,	113 40	
Veterinary,	8 00	
		<hr/>
		8,356 00

Repairs, ordinary: —

Brick,	\$272 00	
Cement, lime, crushed stone, etc.,	258 37	
Electrical work and supplies,	1,130 22	
Hardware, iron, steel, etc.,	2,353 80	
Labor (not on pay roll),	144 00	
Lumber, etc. (including finished products),	3,303 73	
Paint, oil, glass, etc.,	3,146 96	
Plumbing and supplies,	3,440 65	
Roofing and materials,	1,529 85	
Steam fittings and supplies,	757 98	
Tents, awnings, etc.,	51 70	
Tools, machines, etc.,	783 01	
Boilers, repairs,	299 41	
Dynamos, repairs,	61 60	
Engines, repairs,	317 58	
		<hr/>
		17,850 86

Repairs and renewals: —

Rental for use of sewerage system,	\$2,400 00	
Boiler feed pump,	500 00	
Canning apparatus,	629 49	
Laundry machinery,	10,854 72	
Renovation of Wheeler cottage,	1,999 63	
		<hr/>
		16,383 84

Total expenses for maintenance, \$677,295 88

SPECIAL APPROPRIATIONS.

Balance Dec. 1, 1919,	\$16,107 96
Appropriations for current year,	41,758 72
Total,	<u>\$57,866 68</u>
Expended during the year,	\$31,773 40
Reverting to treasury of Commonwealth,	1,218 85
	<u>32,992 25</u>
Balance Nov. 30, 1920, carried to next year,	\$24,874 43

RESOURCES AND LIABILITIES.

Resources.

Cash on hand,	\$4,092 18
November cash vouchers (paid from advance money):—	
Account of maintenance,	\$27,762 24
October schedule paid from temporary advance,	45,145 58
	<u>72,907 82</u>
	\$77,000 00
Due from treasury of Commonwealth from available appropriations (October schedule, \$3,145.58; November schedule, \$56,897.86), .	60,043 44
	<u>\$137,043 44</u>

Liabilities.

Schedule of November bills,	\$91,897 86
Schedule of October bills approved in December,	45,145 58
	<u>\$137,043 44</u>

PER CAPITA.

During the year the average number of inmates has been 2,015.85.

Total cost for maintenance, \$677,295.88.

Equal to a weekly per capita cost of \$6.4612.

Receipts from sales, \$3,397.46.

Equal to a weekly per capita of \$0.0324.

All other institution receipts, \$91,723.21.

Equal to a weekly per capita of, \$0.8750.

Respectfully submitted,

JESSIE M. D. HAMILTON,

Treasurer.

Examined and found correct as compared with the records in the office of the Auditor of the Commonwealth.

ALONZO B. COOK,

Auditor.

STATEMENT OF FUNDS.

PATIENTS' FUND.

Balance on hand Nov. 30, 1919,	\$8,121 33	
Receipts,	13,427 14	
Interest,	328 43	
	<hr/>	\$21,876 90
Refunded,	\$12,207 90	
Interest paid to State Treasurer,	328 43	
	<hr/>	12,536 33
		<hr/>
		\$9,340 57

Investment.

Worcester County Institution for Savings,	\$2,000 00	
Worcester Five Cents Savings Bank,	1,000 00	
Worcester Mechanics Savings Bank,	1,000 00	
Balance Worcester Bank and Trust Company,	5,206 61	
Cash on hand Dec. 1 1920,	133 96	
	<hr/>	\$9,340 57

LEWIS FUND.

Balance on hand Nov. 30, 1919,	\$1,712 40	
Income,	152 92	
	<hr/>	\$1,865 32
Expended for vault rent, magazines, etc.,		111 00
		<hr/>
		\$1,754 32

Investment.

American Telephone and Telegraph Company collateral trust 4 per cent bond,	\$926 36	
Worcester County Institution for Savings,	49 44	
Fourth Liberty Loan bonds,	600 00	
Balance Worcester Bank and Trust Company,	178 52	
	<hr/>	\$1,754 32

WHEELER FUND.

Balance on hand Nov. 30, 1919,	\$6,169 30	
Income,	608 41	
	<hr/>	\$6,777 71
Expended for entertainments, magazines, etc.,		238 71
		<hr/>
		\$6,539 00

Investment.

American Telephone and Telegraph Company		
collateral trust 4 per cent bond,	\$712 50	
Worcester County Institution for Savings, . .	32 72	
Third Liberty Loan bonds,	4,000 00	
Fourth Liberty Loan bonds,	1,300 00	
Balance Worcester Bank & Trust Company, . .	493 78	
	<hr/>	\$6,539 00

MANSON FUND.

Balance on hand Nov. 30, 1919,	\$1,162 24	
Income,	205 74	
	<hr/>	\$1,367 98
Expended for entertainments,	20 00	
	<hr/>	\$1,347 98

Investment.

Worcester County Institution for Savings, . .	\$90 37	
Fourth Liberty Loan bonds,	1,100 00	
Balance Worcester Bank and Trust Company, . .	157 61	
	<hr/>	\$1,347 98

Respectfully submitted,

JESSIE M. D. HAMILTON,

Treasurer.

Nov. 30, 1920.

N. B. — The values assigned to the above securities are their respective purchase prices.

STATISTICAL TABLES

AS ADOPTED BY AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION

PRESCRIBED BY MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES

STATISTICAL TABLES.

TABLE 1. — *General Information.*

1. Date of opening as an institution for the insane: Jan. 18, 1833.			
2. Type of institution: State.			
3. Hospital plant: —			
Value of hospital property: —			
Real estate including buildings,	\$2,566,006	96	
Personal property,	259,642	18	
<hr/>			
Total,	\$2,825,649	14	
Total acreage of hospital property, 589.16.			
Acreage under cultivation during previous year, 205.75.			
4. Medical service: —			
	Men.	Women.	Total.
Superintendents,	1	—	1
Assistant physicians,	7	1	8
Medical internes,	—	—	—
Clinical assistants,	—	—	—
<hr/>			
Total physicians,	8	1	9
5. Employees on pay roll (not including physicians): —			
	Men.	Women.	Total.
Graduate nurses,	—	10	10
Other nurses and attendants,	103	89	186
All other employees,	83	90	173
<hr/>			
Total employees,	186	183	369
6. Patients employed in industrial classes or in			
general hospital work on date of report,	394	374	768
7. Patients in institution on date of report (ex-			
cluding paroles),	1,005	1,015	2,020

TABLE 2. — *Financial Statement.*

See treasurer's report for data requested under this table.

TABLE 3. — *Movement of Patient Population for the Year ending Sept. 30, 1920.*

	INSANE.		TEMPORARY CARE.		SANE, VOLUNTARY.		TOTAL ON BOOKS.	
	Males.	Females.	Totals.	Totals.	Males.	Females.	Totals.	Totals.
1. Patients on books of institution Sept. 30, 1919,	996	875	1,871	—	1	1	2	1,873
Admissions during year: —								
(a) First admissions,	213	158	371	36	—	—	—	407
(b) Readmissions,	63	119	182	5	—	—	—	124
Total admissions,	276	277	553	41	—	—	—	531
(c) Transfers from other institutions for the insane,	196	243	439	—	—	—	—	439
Total received during year,	472	420	892	41	—	—	—	970
2. Total under treatment during year,	1,468	1,332	2,800	7	1	1	2	2,843
3. Discharged from books during year: —								
(a) As recovered,	25	33	58	7	—	—	—	65
(b) As improved,	101	47	148	3	—	—	—	153
(c) As unimproved,	25	25	50	6	—	—	—	56
(d) As not insane,	4	4	8	13	—	—	—	26
(e) Transferred to other institutions for the insane,	4	35	39	—	—	—	—	39
(f) Died during year,	140	90	230	3	—	—	—	233
(g) Normally dismissed for change of status,	—	—	—	—	—	—	—	—
4. Total discharged from books during year,	299	234	533	32	—	—	—	572
5. Patients remaining on books of institution Sept. 30, 1920,	1,169	1,098	2,267	2	1	1	2	2,271
<i>Supplementary Data.</i>								
6a. Average daily number of patients on books during year,	1,158.49	1,071.84	2,230.33	3.36	1.00	1.00	2.00	2,237.67
6b. Average daily number of patients actually in the institution during year,	975.86	930.73	1,906.59	3.36	1.00	1.00	2.00	1,913.93
7a. Average daily number of patients in family care,	— .08	28.83	28.91	—	—	—	—	28.91
7b. Average daily number of patients on visit and escape,	182.55	112.28	294.83	—	—	—	—	294.83
8. Number of voluntary patients admitted during year,	6	10	16	—	—	—	—	16
9. Number of temporary-care cases admitted during year,	—	—	—	104	—	—	—	159
10. Number of patients actually remaining in institution Sept. 30, 1920,	994	973	1,967	2	1	1	2	1,971
State,	929	887	1,766	2	—	—	—	1,769
Reimbursing,	24	68	92	—	—	—	—	92
Private,	41	68	109	—	1	—	1	110

[illegible]

TABLE 4. — *Nativity of First Admissions and of Parents of First Admissions.*

NATIVITY.	PATIENTS.			PARENTS OF MALE PATIENTS.			PARENTS OF FEMALE PATIENTS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
United States,	97	76	173	52	50	102	33	33	71
Albania,	1	—	1	1	1	2	—	—	—
Austria,	1	1	2	3	3	6	1	1	2
Canada,	22	21	43	28	29	57	31	25	56
China,	—	—	—	1	1	2	—	—	—
England,	6	3	9	8	7	15	7	6	13
Finland,	4	2	6	4	4	8	2	2	4
France,	—	—	—	1	—	1	—	—	—
Germany,	5	3	8	8	8	16	4	4	8
Greece,	3	—	3	3	3	6	—	—	—
Holland,	—	—	—	—	1	1	—	—	—
Ireland,	19	25	44	39	36	75	38	37	75
Italy,	8	4	12	8	8	16	5	5	10
Poland,	5	3	8	5	5	10	3	3	6
Portugal,	3	1	4	4	4	8	1	1	2
Russia,	16	9	25	16	16	32	9	9	18
Scotland,	2	1	3	3	4	7	1	3	4
South America,	1	—	1	—	—	—	—	—	—
Sweden,	6	5	11	6	7	13	7	7	14
Syria,	1	—	1	1	1	2	—	—	—
Turkey in Asia,	8	—	8	8	8	16	—	—	—
Turkey in Europe,	1	1	2	1	1	2	1	1	2
West Indies,	1	1	2	1	1	2	1	1	2
Total foreign born,	113	80	193	149	148	297	111	105	216
Unascertained,	3	2	5	12	15	27	14	15	29
Grand total,	213	158	371	213	213	426	158	158	316

TABLE 5. — *Citizenship of First Admissions.*

	Males.	Females.	Totals.
Citizens by birth,	97	76	173
Citizens by naturalization,	11	9	20
Aliens,	64	25	89
Citizenship unascertained,	41	48	89
Total,	213	158	371

TABLE 6. — *Psychoses of First Admissions.*

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic, total,	-	1	1	-	1	1
(a) Traumatic delirium,	-	-	-	-	-	-
(b) Traumatic constitution,	-	-	-	-	-	-
(c) Post-traumatic mental enfeeblement (dementia),	-	-	-	-	-	-
(d) Other types,	-	-	-	-	-	-
2. Senile, total,	6	18	24	8	25	33
(a) Simple deterioration,	-	-	-	-	-	-
(b) Presbyophrenic type,	-	1	1	-	-	-
(c) Delirious and confused types,	-	1	1	-	-	-
(d) Depressed and agitated types,	-	1	1	-	-	-
(e) Paranoid types,	2	5	7	-	-	-
(f) Pre-senile type,	-	-	-	-	-	-
(g) Other types,	-	-	-	-	-	-
3. With cerebral arteriosclerosis,	-	-	-	49	27	76
4. General paralysis,	-	-	-	31	3	34
5. With cerebral syphilis,	-	-	-	1	1	2
6. With Huntingdon's chorea,	-	-	-	1	-	1
7. With brain tumor,	-	-	-	-	-	-
8. With other brain or nervous diseases, total,	-	-	-	-	-	-
(a) Cerebral embolism,	-	-	-	-	-	-
(b) Paralysis agitans,	-	-	-	-	-	-
(c) Meningitis, tubercular or other forms (to be specified),	-	-	-	-	-	-
(d) Multiple sclerosis,	-	-	-	-	-	-
(e) Tabes dorsalis,	-	-	-	-	-	-
(f) Acute chorea,	-	-	-	-	-	-
(g) Other diseases (to be specified),	-	-	-	-	-	-
9. Alcoholic, total,	-	-	-	14	-	14
(a) Pathological intoxication,	-	-	-	-	-	-
(b) Delirium tremens,	1	-	1	-	-	-
(c) Korsakow's psychosis,	-	-	-	-	-	-
(d) Acute hallucinosis,	2	-	2	-	-	-
(e) Chronic hallucinosis,	-	-	-	-	-	-
(f) Acute paranoid type,	3	-	3	-	-	-
(g) Chronic paranoid type,	5	-	5	-	-	-
(h) Alcoholic deterioration,	3	-	3	-	-	-
(i) Other types, acute or chronic,	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins, total,	-	-	-	-	-	-
(a) Opium (and derivatives), cocaine, bromides, chloral, etc., alone or combined (to be specified),	-	-	-	-	-	-
(b) Metals, as lead, arsenic, etc. (to be specified),	-	-	-	-	-	-
(c) Gases (to be specified),	-	-	-	-	-	-
(d) Other exogenous toxins (to be specified),	-	-	-	-	-	-
11. With pellagra,	-	-	-	-	1	1
12. With other somatic diseases, total,	-	-	-	1	8	9
(a) Delirium with infectious diseases,	-	6	6	-	-	-
(b) Post-infectious psychosis,	1	-	1	-	-	-
(c) Exhaustion delirium,	-	-	-	-	-	-
(d) Delirium of unknown origin,	-	-	-	-	-	-
(e) Cardiorenal diseases,	-	1	1	-	-	-
(f) Diseases of the ductless glands,	-	1	1	-	-	-
(g) Other diseases or conditions (to be specified),	-	-	-	-	-	-
13. Manic-depressive, total,	5	10	15	8	15	23
(a) Manic type,	3	5	8	-	-	-
(b) Depressive type,	-	-	-	-	-	-
(c) Stuporous type,	-	-	-	-	-	-
(d) Mixed type,	-	-	-	-	-	-
(e) Circular type,	-	-	-	-	-	-
(f) Other types,	-	-	-	-	-	-
14. Involution melancholia,	-	-	-	3	12	15
15. Dementia præcox, total,	36	18	54	63	36	99
(a) Paranoid type,	10	12	22	-	-	-
(b) Catatonic type,	16	1	17	-	-	-
(c) Hebephrenic type,	1	5	6	-	-	-
(d) Simple type,	-	-	-	-	-	-
(e) Other types,	-	-	-	-	-	-
16. Paranoia or paranoid conditions,	-	-	-	3	-	3

TABLE 6. — *Psychoses of First Admissions* — Concluded.

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
17. Epileptic, total, . . . . .	.	.	.	3	3	6
(a) Epileptic deterioration,	—	2	2			
(b) Epileptic clouded states,	3	1	4			
(c) Other epileptic types (to be specified),	—	—	—			
18. Psychoneuroses and neuroses, total, . . . . .	.	.	.	2	6	8
(a) Hysterical type,	—	1	1			
(b) Psychasthenic type,	1	2	3			
(c) Neurasthenic type,	1	2	3			
(d) Anxiety neuroses,	—	1	1			
(e) Other types,	—	—	—			
19. With psychopathic personality, . . . . .	.	.	.	5	3	8
20. With mental deficiency, . . . . .	.	.	.	10	7	17
21. Undiagnosed, . . . . .	.	.	.	6	8	14
22. Without psychosis, total, . . . . .	.	.	.	5	2	7
(a) Epilepsy,	—	—	—			
(b) Alcoholism,	—	—	—			
(c) Drug addiction,	—	—	—			
(d) Psychopathic personality,	1	—	1			
(e) Mental deficiency,	4	1	5			
(f) Others (syphilis),	—	1	1			
Total, . . . . .	.	.	.	213	158	371

TABLE 7. — *Race of First Admissions classified with Reference to Psychoses.*

RACE.	TOTAL.		PSYCHOSES.														WITH OTHER SOMATIC DISEASES.	
			TRAUMATIC.		SENILE.		WITH CEREBRAL ARTERIO-SCLEROSIS.		GENERAL PARALYSIS.		WITH CEREBRAL SYPHILIS.		WITH HUNTING-DON'S CHOREA.		ALCOHOLIC.		WITH PELLAGRA.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
African (black),	7	2	9	1	1	1	1	1	3	1	1	1	1	1	1	1	1	1
Albanian,	1	1	1	1	1	1	1	1	3	1	1	1	1	1	1	1	1	1
Armenian,	8	1	8	1	1	1	1	1	3	1	1	1	1	1	1	1	1	1
Bulgarian,	1	1	1	1	1	1	1	1	3	1	1	1	1	1	1	1	1	1
Chinese,	13	13	26	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1
English,	4	2	6	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1
Finnish,	16	18	37	1	1	1	1	1	3	1	1	1	1	1	1	1	1	1
French,	6	3	9	1	1	1	1	1	3	1	1	1	1	1	1	1	1	1
German,	3	3	6	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1
Greek,	5	8	13	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1
Hebrew,	36	38	74	10	1	1	1	1	5	1	1	1	1	1	1	1	1	1
Irish,	8	5	13	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1
Italian,	5	5	10	1	1	1	1	1	3	1	1	1	1	1	1	1	1	1
Lithuanian,	4	2	6	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1
Portuguese,	4	4	8	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1
Scandinavian,	5	7	12	1	1	1	1	1	3	1	1	1	1	1	1	1	1	1
Scotch,	4	3	7	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Serbian,	17	4	21	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Slavonic,	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Syrian,	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Turkish,	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
West Indian,	66	48	114	6	10	16	18	15	7	2	9	1	1	1	3	1	1	1
Mixed,	2	2	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Race unascertained,	213	158	371	8	25	33	49	27	31	3	34	1	1	2	14	1	1	8
Total,	213	158	371	8	25	33	49	27	76	3	34	1	1	2	14	1	1	9

TABLE 9. — *Degree of Education of First Admissions classified with Reference to Psychoses.*

PSYCHOSES.	TOTAL.			ILLITERATE.			READS AND WRITES.			COMMON SCHOOL.			HIGH SCHOOL.			COLLEGE.			UNASCERTAINED.								
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.						
1. Traumatic,	8	25	33	1	3	4	1	2	3	5	16	21	22	74	112	87	199	22	18	40	5	2	7	14	16	30	
2. Senile,	49	27	76	1	3	4	1	2	3	29	11	40	52	74	112	87	199	22	18	40	5	2	7	14	16	30	
3. With cerebral arteriosclerosis,	31	3	34	1	1	2	10	6	16	11	20	31	22	43	33	23	56	14	2	16	14	1	1	15	16	31	
4. General paralysis,	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3	3	6	4	1	5	2	3	5	7	12	19	
5. With cerebral syphilis,	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3	3	6	4	1	5	2	3	5	7	12	19	
6. With Huntingdon's chorea,	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3	3	6	4	1	5	2	3	5	7	12	19	
7. With brain tumor,	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3	3	6	4	1	5	2	3	5	7	12	19	
8. With other brain or nervous diseases,	14	1	15	1	1	2	4	1	5	8	1	9	4	5	13	8	21	29	1	10	11	1	1	2	3	5	
9. Alcoholic,	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3	3	6	4	1	5	2	3	5	7	12	19	
10. Due to drugs and other exogenous toxins,	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3	3	6	4	1	5	2	3	5	7	12	19	
11. With pellagra,	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3	3	6	4	1	5	2	3	5	7	12	19	
12. With other somatic diseases,	8	15	23	1	1	2	2	3	5	11	16	27	22	44	63	36	99	125	11	22	33	1	1	2	3	5	
13. Manic depressive,	3	12	15	1	1	2	1	1	2	3	8	11	14	25	31	18	49	60	3	6	9	1	1	2	3	5	
14. Involution melancholia,	63	36	99	2	1	3	22	7	29	31	18	49	3	3	6	3	9	12	1	1	2	1	1	2	3	5	
15. Dementia praecox,	3	3	6	1	1	2	1	1	2	2	2	4	1	1	2	2	4	6	1	2	3	1	1	2	3	5	
16. Paranoia and paranoid conditions,	3	3	6	1	1	2	1	1	2	2	2	4	1	1	2	2	4	6	1	2	3	1	1	2	3	5	
17. Epileptic,	3	3	6	1	1	2	1	1	2	2	2	4	1	1	2	2	4	6	1	2	3	1	1	2	3	5	
18. Psychoneuroses and neuroses,	2	6	8	1	1	2	1	1	2	2	2	4	1	1	2	2	4	6	1	2	3	1	1	2	3	5	
19. With psychopathic personality,	5	3	8	1	1	2	1	1	2	2	2	4	1	1	2	2	4	6	1	2	3	1	1	2	3	5	
20. With psychopathic personality,	10	7	17	2	2	4	2	3	5	6	2	8	2	3	5	6	12	18	2	4	6	1	1	2	3	5	
21. Undiagnosed,	6	8	14	1	2	3	2	1	3	3	2	5	1	2	3	3	6	9	1	2	3	1	1	2	3	5	
22. Without psychosis,	5	2	7	1	1	2	1	1	2	2	1	3	1	1	2	2	4	6	1	2	3	1	1	2	3	5	
Total,	213	158	371	8	13	21	52	22	74	112	87	199	22	18	40	5	2	7	14	16	30	5	2	7	14	16	30

TABLE 10. — *Environment of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			URBAN.			RURAL.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	1	1	1	7	1	1	1	—	—	—	—	—
2. Senile,	8	25	33	43	22	29	6	—	4	—	—	—
3. With cerebral arteriosclerosis,	49	27	76	31	25	68	—	—	8	—	—	—
4. General paralysis,	31	3	34	—	3	34	—	—	—	—	—	—
5. With cerebral syphilis,	1	1	2	1	1	2	—	—	—	—	—	—
6. With Huntingdon's chorea,	1	—	1	—	—	1	—	—	—	—	—	—
7. With brain tumor,	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases,	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic,	14	—	14	14	—	14	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins,	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra,	—	1	1	—	1	1	—	—	—	—	—	—
12. With other somatic diseases,	1	8	9	1	7	8	—	—	—	—	—	—
13. Manic-depressive,	8	15	23	7	15	22	1	1	2	—	—	—
14. Involution melancholia,	3	12	15	3	12	15	—	—	—	—	—	—
15. Dementia præcox,	63	99	162	61	35	96	2	1	3	—	—	—
16. Paranoia or paranoid conditions,	3	3	6	2	3	5	1	—	1	—	—	—
17. Epileptic,	3	3	6	3	3	6	—	—	—	—	—	—
18. Psychoneuroses and neuroses,	2	6	8	2	6	8	—	—	—	—	—	—
19. With psychopathic personality,	5	3	8	5	3	8	—	—	—	—	—	—
20. With mental deficiency,	10	7	17	10	7	17	—	—	—	—	—	—
21. Undiagnosed,	6	8	14	6	8	14	—	—	—	—	—	—
22. Without psychosis,	5	2	7	5	2	7	—	—	—	—	—	—
Total,	213	158	371	202	151	353	11	7	18	—	—	—

TABLE 11. — *Economic Condition of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			DEPENDENT.			MARGINAL.			COMFORTABLE.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	1	1	1	2	5	7	1	8	9	5	12	17	1	1	1
2. Senile,	8	25	33	6	1	7	7	9	16	36	17	53	1	1	2
3. With cerebral arteriosclerosis,	49	27	76	1	1	2	12	2	14	18	19	37	1	1	2
4. General paralysis,	31	3	34	1	1	2	1	1	2	1	1	2	1	1	2
5. With cerebral syphilis,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
6. With Huntington's chorea,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
7. With brain tumor,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
8. With other brain or nervous diseases,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
9. Alcoholic,	14	1	15	1	1	2	3	3	6	10	10	20	1	1	2
10. Due to drugs and other exogenous toxins,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
11. With pellagra,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
12. With other somatic diseases,	8	15	23	1	1	2	2	3	5	6	6	12	1	1	2
13. Manic-depressive,	3	12	15	1	1	2	1	4	5	2	8	10	1	1	2
14. Involution melancholia,	63	36	99	4	4	8	19	11	30	39	25	64	1	1	2
15. Dementia precox,	3	3	6	1	1	2	1	1	2	2	2	4	1	1	2
16. Paranoia or paranoid conditions,	2	6	8	1	1	2	2	1	3	3	1	4	1	1	2
17. Epileptic,	5	3	8	1	1	2	3	3	6	6	6	12	1	1	2
18. Psychoneuroses and neuroses,	10	7	17	1	2	3	3	5	8	6	1	7	1	1	2
19. With psychopathic personality,	6	8	14	1	1	2	2	2	4	4	4	8	1	1	2
20. With mental deficiency,	5	2	7	2	1	3	2	2	4	1	2	3	1	1	2
21. Undiagnosed,	213	158	371	18	9	27	58	54	112	136	95	231	1	1	2
22. Without psychosis,	213	158	371	18	9	27	58	54	112	136	95	231	1	1	2
Total,	213	158	371	18	9	27	58	54	112	136	95	231	1	1	2

TABLE 12. — Use of Alcohol by First Admissions classified with Reference to Principal Psychoses.

PSYCHOSES.	TOTAL.			ABSTINENT.			TEMPERATE.			INTERTEMPERATE.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	1	1	2	1	1	2	1	1	2	1	1	2	5	10	15
2. Senile,	8	25	33	1	10	11	2	5	7	1	1	2	16	8	24
3. With cerebral arteriosclerosis,	49	27	76	5	18	23	22	1	23	6	1	7	12	2	14
4. General paralysis,	31	3	34	2	1	3	11	1	11	6	1	7	1	1	2
5. With cerebral syphilis,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
6. With Huntington's chorea,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
7. With brain tumor,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
8. With other brain or nervous diseases,	14	1	15	1	1	2	1	1	2	1	1	2	14	1	15
9. Alcohol,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
10. Due to drugs and other exogenous toxins,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
11. With pellagra,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
12. With other somatic diseases,	8	15	23	2	9	11	3	5	8	1	1	2	3	1	4
13. Manic-depressive,	3	12	15	1	11	12	1	1	2	1	1	2	1	1	2
14. Involution melancholia,	63	36	99	15	24	39	25	6	31	3	3	6	20	6	26
15. Dementia præcox,	3	3	6	1	2	3	3	1	4	1	1	2	2	1	3
16. Paranoia or paranoid conditions,	3	3	6	1	2	3	1	1	2	1	1	2	1	1	2
17. Epileptic,	3	3	6	2	6	8	2	2	4	1	1	2	1	1	2
18. Psychoneuroses and neuroses,	5	6	11	2	3	5	1	1	2	1	1	2	1	1	2
19. With psychopathic personality,	2	3	5	2	2	4	1	1	2	1	1	2	1	1	2
20. With mental deficiency,	10	7	17	6	4	10	1	3	4	1	1	2	3	1	4
21. Undiagnosed,	6	8	14	1	5	6	1	3	4	1	1	2	1	1	2
22. Without psychosis,	5	2	7	4	1	5	1	1	2	1	1	2	1	1	2
Total,	213	158	371	42	99	141	70	28	98	21	1	22	80	30	110

TABLE 13. — *Marital Condition of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			SINGLE.			MARRIED.			WIDOWED.			SEPARATED.			DIVORCED.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	1	33	34	1	5	6	1	5	6	1	19	20	1	1	2	1	1	2	1	1	2
2. Senile,	8	25	33	4	11	15	3	5	8	3	16	19	3	5	8	1	8	9	1	1	2
3. With cerebral arteriosclerosis,	49	27	76	6	5	11	22	5	27	20	15	35	19	5	24	1	1	2	1	1	2
4. General paralysis,	31	3	34	7	7	14	19	2	21	3	1	4	1	2	3	1	1	2	1	1	2
5. With cerebral syphilis,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
6. With Huntington's chorea,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
7. With brain tumor,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
8. With other brain or nervous diseases,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
9. Alcoholic,	14	1	15	6	6	12	8	1	9	1	1	2	1	1	2	1	1	2	1	1	2
10. Due to drugs and other exogenous toxins,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
11. With pellagra,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
12. With other somatic diseases,	1	8	9	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
13. Manic-depressive,	15	23	38	7	5	12	11	9	20	1	1	2	1	1	2	1	1	2	1	1	2
14. Involution melancholia,	3	12	15	4	4	8	1	6	7	1	2	3	1	1	2	1	1	2	1	1	2
15. Dementia præcox,	63	36	99	44	16	60	17	16	33	1	3	4	1	1	2	1	1	2	1	1	2
16. Paranoia and paranoid conditions,	3	3	6	1	1	2	2	2	4	1	1	2	1	1	2	1	1	2	1	1	2
17. Epileptic,	3	3	6	1	1	2	2	2	4	1	1	2	1	1	2	1	1	2	1	1	2
18. Psychoneuroses and neuroses,	5	3	8	5	3	8	2	2	4	1	1	2	1	1	2	1	1	2	1	1	2
19. With psychopathic personality,	10	7	17	5	6	11	3	2	5	1	1	2	1	1	2	1	1	2	1	1	2
20. With mental deficiency,	6	8	14	3	4	7	1	3	4	1	1	2	1	1	2	1	1	2	1	1	2
21. Undiagnosed,	5	2	7	4	1	5	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
22. Without psychosis,	213	158	371	96	48	144	82	65	147	29	41	70	1	2	3	5	2	7	1	1	2
Total,	213	158	371	96	48	144	82	65	147	29	41	70	1	2	3	5	2	7	1	1	2

TABLE 14. — *Psychoses of Readmissions.*

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic, total,	-	-	-	-	-	-
(a) Traumatic delirium,	-	-	-	-	-	-
(b) Traumatic constitution,	-	-	-	-	-	-
(c) Post-traumatic mental enfeeblement (dementia),	-	-	-	-	-	-
(d) Other types,	-	-	-	-	-	-
2. Senile, total,	-	2	2	1	2	3
(a) Simple deterioration,	-	-	-	-	-	-
(b) Presbyophrenic type,	-	-	-	-	-	-
(c) Delirious and confused types,	-	-	-	-	-	-
(d) Depressed and agitated types,	-	-	-	-	-	-
(e) Paranoid types,	1	-	1	-	-	-
(f) Pre-senile type,	-	-	-	-	-	-
(g) Other types,	-	-	-	-	-	-
3. With cerebral arteriosclerosis,	-	-	-	2	2	4
4. General paralysis,	-	-	-	4	-	4
5. With cerebral syphilis,	-	-	-	-	-	-
6. With Huntingdon's chorea,	-	-	-	-	-	-
7. With brain tumor,	-	-	-	-	-	-
8. With other brain or nervous diseases, total,	-	-	-	-	-	-
(a) Cerebral embolism,	-	-	-	-	-	-
(b) Paralysis agitans,	-	-	-	-	-	-
(c) Meningitis, tubercular or other forms (to be specified),	-	-	-	-	-	-
(d) Multiple sclerosis,	-	-	-	-	-	-
(e) Tabes dorsalis,	-	-	-	-	-	-
(f) Acute chorea,	-	-	-	-	-	-
(g) Other diseases (to be specified),	-	-	-	-	-	-
9. Alcoholic, total,	-	-	-	5	-	5
(a) Pathological intoxication,	-	-	-	-	-	-
(b) Delirium tremens,	1	-	1	-	-	-
(c) Korsakow's psychosis,	-	-	-	-	-	-
(d) Acute hallucinosis,	2	-	2	-	-	-
(e) Chronic hallucinosis,	-	-	-	-	-	-
(f) Acute paranoid type,	-	-	-	-	-	-
(g) Chronic paranoid type,	1	-	1	-	-	-
(h) Alcoholic deterioration,	1	-	1	-	-	-
(i) Other types, acute or chronic,	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins, total,	-	-	-	-	-	-
(a) Opium (and derivatives), cocaine, bromides, chloral, etc., alone or combined (to be specified),	-	-	-	-	-	-
(b) Metals, as lead, arsenic, etc. (to be specified),	-	-	-	-	-	-
(c) Gases (to be specified),	-	-	-	-	-	-
(d) Other exogenous toxins (to be specified),	-	-	-	-	-	-
11. With pellagra,	-	-	-	-	-	-
12. With other somatic diseases, total,	-	-	-	-	-	-
(a) Delirium with infectious diseases,	-	-	-	-	-	-
(b) Post-infectious psychosis,	-	-	-	-	-	-
(c) Exhaustion delirium,	-	-	-	-	-	-
(d) Delirium of unknown origin,	-	-	-	-	-	-
(e) Cardiorenal diseases,	-	-	-	-	-	-
(f) Diseases of the ductless glands,	-	-	-	-	-	-
(g) Other diseases or conditions (to be specified),	-	-	-	-	-	-
13. Manic-depressive, total,	-	-	-	9	13	22
(a) Manic type,	7	7	14	-	-	-
(b) Depressive type,	2	5	7	-	-	-
(c) Stuporous type,	-	-	-	-	-	-
(d) Mixed type,	-	1	1	-	-	-
(e) Circular type,	-	-	-	-	-	-
(f) Other types,	-	-	-	-	-	-
14. Involution melancholia,	-	-	-	1	5	6
15. Dementia præcox, total,	-	-	-	35	25	60
(a) Paranoid type,	21	15	36	-	-	-
(b) Catatonic type,	5	7	12	-	-	-
(c) Hebephrenic type,	8	3	11	-	-	-
(d) Simple type,	1	-	1	-	-	-
(e) Other types,	-	-	-	-	-	-
16. Paranoia or paranoid conditions,	-	-	-	-	-	-
17. Epileptic, total,	-	-	-	1	-	1
(a) Epileptic deterioration,	-	-	-	-	-	-
(b) Epileptic clouded states,	1	-	1	-	-	-
(c) Other epileptic types (to be specified),	-	-	-	-	-	-

TABLE 14. — *Psychoses of Readmissions* — Concluded.

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
18. Psychoneuroses and neuroses, total,				-	3	3
(a) Hysterical type,	-	1	1			
(b) Psychasthenic type,	-	1	1			
(c) Neurasthenic type,	-	1	1			
(d) Anxiety neuroses,	-	-	-			
(e) Other types,	-	-	-			
19. With psychopathic personality,				1	2	3
20. With mental deficiency,				2	2	2
21. Undiagnosed,				3	1	4
22. Without psychosis, total,				1	1	2
(a) Epilepsy,		-	-			
(b) Alcoholism,		-	-			
(c) Drug addiction,		-	-			
(d) Psychopathic personality,	1	-	1			
(e) Mental deficiency,	-	1	1			
(f) Others,	-	-	-			
Total,				63	56	119

TABLE 15. — Discharges of Patients classified with Reference to Principal Psychoses and Condition on Discharge.

PSYCHOSES.	TOTAL.			RECOVERED.			IMPROVED.			UNIMPROVED.			NOT INSANE.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,															
2. Senile,															
3. With cerebral arteriosclerosis,	1	2	3	1	1	2	1	1	2	1	1	2	1	1	2
4. General paralysis,	4	1	5				4		4	1		1			1
5. With cerebral syphilis,	8		8				2		2	6		6			6
6. With Huntington's chorea,	1	1	2				1	1	2						
7. With brain tumor,															
8. With other brain or nervous diseases,															
9. Alcoholic,				10	1	11	15		15	2		2			2
10. Due to drugs and other exogenous toxins,	27	1	28												
11. With pellagra,		1	1		1	1									
12. With other somatic diseases,	5	5	10	4	3	7	1	2	3						
13. Manic-depressive,	10	25	35	8	19	27	2	4	6		2	2			2
14. Involution melancholia,	3	9	12	1	7	8	54	32	86						
15. Dementia præcox,	66	46	112	1			1	1	2	12	14	26			26
16. Paranoia or paranoid conditions,	1	3	4				1	1	2		2	2			2
17. Epileptic psychoses,	1	4	5				1	1	2		2	2			2
18. Psychoneuroses and neuroses,	3	4	7		1	1	1	1	2	1	1	2			2
19. With psychopathic personality,	6	4	10				3	2	5	3	1	4			4
20. With mental deficiency,	10	2	12	2		2	8	1	9						
21. Undiagnosed,	4	4	8										4		4
22. Without psychosis,															
Total,	155	109	264	25	33	58	101	47	148	25	25	50	4	4	8

[illegible]

TABLE 17. — *Age of Patients at Time of Death classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			YEARS.														
				UNDER 15.		15-20.		20-25.		25-30.		30-35.		35-40.		40-45.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	23	28	51	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile,	36	19	55	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
3. With cerebral arteriosclerosis,	37	7	44	-	-	-	-	-	-	-	-	-	-	-	-	3	3	6
4. General paralysis,	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. With cerebral syphilis,	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor,	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases,	8	2	10	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
9. Alcoholic,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra,	-	-	-	-	-	-	-	1	1	2	-	-	-	-	-	-	-	-
12. With other somatic diseases,	5	8	13	-	-	-	-	1	1	2	-	-	-	-	-	-	-	-
13. Manic-depressive,	-	3	3	-	-	-	-	1	1	2	-	-	-	-	-	-	-	-
14. Involution melancholia,	20	16	36	-	-	-	-	2	2	4	-	-	-	-	-	5	1	6
15. Dementia precox,	3	2	5	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
16. Paranoia or paranoid conditions,	3	1	4	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
17. Epileptic,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses,	2	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19. With psychopathic personality,	1	2	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency,	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
21. Undiagnosed,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
22. Without psychosis,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total,	140	90	230	-	-	-	-	4	4	8	3	11	17	4	21	8	2	10

TABLE 18. — Total Duration of Hospital Life of Patients classified according to Psychoses.

PSYCHOSES.	TOTAL.			MONTHS.												YEARS.								
	Males.	Females.	Totals.	LESS THAN 1.			1-3.			4-7.			8-12.			1-2.			3-4.			5-10.		
				Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.			
1. Traumatic,	23	28	51	1	4	5	2	8	10	1	4	4	1	5	9	2	3	5	10	4	14	2	1	1
2. Senile,	36	19	55	14	3	17	12	7	19	4	1	5	2	1	3	3	2	5	19	5	19	1	1	2
3. With cerebral arteriosclerosis,	37	7	44	2	2	4	2	4	4	4	4	1	1	5	4	4	1	3	19	5	15	1	1	5
4. General paralysis,	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. With cerebral syphilis,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntingdon's chorea,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor,	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases,	8	2	10	1	1	2	—	—	—	1	1	—	—	—	1	2	—	—	—	—	1	—	1	—
9. Alcoholic,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases,	5	8	13	1	2	3	1	1	2	1	1	1	1	2	1	2	—	—	2	3	2	1	1	1
13. Manic-depressive,	3	3	6	1	1	2	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14. Involution melancholia,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15. Dementia praecox,	20	16	36	2	1	3	1	1	2	—	—	3	3	1	1	1	1	1	5	3	8	2	1	3
16. Paranoia or paranoid conditions,	—	2	2	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17. Epileptic,	3	1	4	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality,	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency,	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21. Undiagnosed,	2	1	3	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
22. Without psychosis,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total,	140	90	230	23	12	35	18	18	36	12	10	22	9	6	15	42	10	52	11	6	17	10	12	22

TABLE 19. — *Family-care Department.*

	Males.	Females.	Totals.
Remaining Sept. 30, 1919,	1	34	35
Admitted within the year,	—	12	12
Nominally returned from visit for discharge,	—	—	—
Whole number of cases within the year,	1	46	47
Dismissed within the year,	1	21	22
Returned to the institution,	1	19	20
Discharged,	—	—	—
Died,	—	—	—
Visit,	—	2	2
Escaped,	—	—	—
Remaining Sept. 30, 1920,	—	25	25
Supported by the State,	—	16	16
Private,	—	4	4
Self-supporting,	—	5	5
Number of different persons within the year,	1	44	45
Number of different persons admitted,	1	12	13
Number of different persons dismissed,	1	18	19
Daily average number, . . . . .	.08	28.83	28.91
State, . . . . .	.08	20.74	20.82
Private,	—	4.67	4.67
Self-supporting,	—	3.42	3.42

The Commonwealth of Massachusetts

ANNUAL REPORT

OF

THE TRUSTEES

OF THE

WORCESTER STATE HOSPITAL

FOR THE

YEAR ENDING NOVEMBER 30, 1921

DEPARTMENT OF MENTAL DISEASES



BOSTON

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The Commonwealth of Massachusetts

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

The trustees of the Worcester State Hospital respectfully submit the eighty-ninth annual report of the hospital, appending a record of the various departments as reported by the superintendent, Dr. William A. Bryan, and by the treasurer, Jessie M. D. Hamilton.

In November, 1920, Mr. Edward F. Fletcher of Worcester was duly elected permanent chairman of the Board, and Miss Caroline M. Caswell, secretary.

The trustees assisted in helping to make the American Medico-Psychological Association meeting in Boston the success which it was.

In their corporate capacity the trustees voted to present Washington Allston's picture of St. Peter and the Angel in Prison, given to the hospital by Dr. R. W. Hooper, to the Boston Museum of Fine Arts on condition that the original be replaced by a very fine copy. This gift was made after careful consideration of the terms of the deed of gift from Dr. Hooper, and in view of the fact that the original would be of far greater value as an art treasure to the Art Museum than to the hospital, while a good copy would give as much pleasure to the inmates of the Worcester State Hospital.

Believing in co-operation the Board voted to place a sign of welcome to the city at the junction of Lake Avenue and Belmont Street, at the request of the Chamber of Commerce, and also voted to grant the city of Worcester permission to erect a memorial granite shaft for James M. Beatty on the northeasterly corner of Beatty Square.

Still thinking, as outlined in the 1920 report, that there

ought to be something definite for all trustees to do to further the work with which they had become associated, they voted to give hearty support to the Hospital Trustees Association for a year. The association has been invited to hold its spring meeting at the hospital.

One new plan which has worked out very satisfactorily is the presenting of a full typewritten report by the superintendent to the trustees several days before the monthly meetings. This report is most comprehensive and gives the trustees time to consider the various phases of the work in an intelligent manner.

Repairs on the organ were voted from the private funds held by the trustees.

The details of improvements in the hospital will be noted by the superintendent, but the trustees gladly report improved conditions and steps in advance everywhere. Buildings painted, installation of new toilets on Washburn I and II, work begun on the renovation of Lincoln IV and Salisbury III, a new system of handling garbage, the purchase of necessary home, farm, medical and dental equipment, the grading and terracing of the land, and the laying of water pipes at Hillside — all these activities pointing to progression.

Attention is called to the careful analysis made in the summary of admissions in the superintendent's report, and to the result of treatments which, after all, is the most important feature; also to the resident dentist's report of the dental department, which shows a very decided increase in work accomplished. The excellent achievements in the pharmacy should be especially noted, showing as they do in the pharmacist marked thought and interest in the work and capacity for service. The social service department is as ever important in its results and in its bearing upon our usefulness in the community. An assistant has been at work in this branch since September 18. The course of six lectures for the social workers of Worcester in psychiatric social service, which lectures have been largely attended and thoroughly appreciated, is also a forward step in the community's understanding of hospital service, as well as of much educational value to the social worker. The out-patient department offers

many of the advantages of a psychopathic to the people of Worcester and vicinity, and will be a most important factor in acquainting those outside the hospital with its desire for helpfulness. The results of this new work have been most encouraging.

The trustees respectfully submit the fact that there is imperative need of fireproof stairways; that a new storehouse and a new system of refrigeration are both very desirable; and that a plan for a congregate dining room should be made. The use of the Summer Street department for an up-to-date psychopathic hospital would greatly increase the value of the Worcester State Hospital in this section of our State. The trustees again urge upon those in power the necessity of increasing instead of decreasing salaries and wages for workers in the different departments, in order that the best brains and service may be obtained for the hospital.

The trustees can point with no little pride to the advance which the hospital has made during the past year under the leadership of Dr. Bryan, appointed superintendent in March, 1921. His keen mentality, united with his love for humanity, his common sense backed by willingness to work, his vision and command of others, are qualifications which will make the Worcester State Hospital most progressive. In all his plans he has the endorsement and co-operation of the trustees, and the improvements in the hospital in all its departments are already perceived. It is most fitting that this, the oldest hospital in Massachusetts, known in the early days for the heartlessness which characterized the care of the insane, should now become noted for the incorporation in its remedial work of the best and most advanced ideas. The improvements in the wards, making them altogether more desirable, the dining rooms and sitting rooms planned with a thought of home in mind, the admission offices designed to impress the patient favorably, the salvage yard arranged to save all left overs and to provide proper storage for such goods, the reorganized store system, the labor-saving devices, which enable Dr. Bryan to know just what each department is doing and just how many employees are at their posts — these and various other advanced steps point to better service and more satisfactory results. The

clinic at the Summer Street department attended by patients recommended by doctors, social workers and the schools, the advice tending toward future amelioration of defects thus discovered, and the schoolroom where those with proper capacity can be taught and thus increase the possibility of cure, are features of the progressive plans now being made and in which the trustees rejoice. People and what he can do for them shape all Dr. Bryan's plans. The Christmas trees in every ward, that those unable to leave the ward should also have some of the joys of this glad season, the diversified entertainments, the careful plans for every one's happiness, show the heart in the work, the desire to help, the hope that good may come to the patients, — the patients who are the first and last thought of Dr. Bryan and his able assistant, Dr. Clarence A. Bonner, also a new appointee at the hospital.

The trustees would be remiss if in this report they did not thank all the employees of the hospital for the admirable way in which they have co-operated with Dr. Bryan in the many changes he has made, and for the spirit of good fellowship which exists. Such co-operation with such an able leader can but make for a most successful new year of service.

Respectfully submitted,

EDWARD F. FLETCHER.
JOHN E. WHITE.
JOHN G. PERMAN.
LUTHER C. GREENLEAF.
CAROLINE M. CASWELL.
MAE CARLSON BEMIS.
WILLIAM J. DELEHANTY.

SUPERINTENDENT'S REPORT.

To the Trustees of the Worcester State Hospital.

I herewith respectfully submit the following report of the hospital for the year ending Nov. 30, 1921, it being the eighty-ninth annual report.

There remained on the hospital books Oct. 1, 1920, 2,271 patients, — 1,172 men and 1,099 women. During the year ending Sept. 30, 1921, there were admitted 616 patients, — 382 men and 234 women. Five hundred and twenty patients — 314 men and 260 women — were discharged from the hospital. Of this number, 265 patients — 166 men and 99 women — were discharged; 241 patients — 138 men and 103 women — died; and 14 patients — 10 men and 4 women — were transferred, leaving at the end of the statistical year 2,367 patients, — 1,240 men and 1,127 women. Two thousand and fifty-eight patients — 1,048 men and 1,010 women — were actually in the hospital. Of this number, 1,852 were supported by the State, 102 by friends, and 104 as reimbursing patients. Of the patients discharged, 57 were reported as recovered, 157 as improved, and 33 as not improved. Eighteen patients — 12 men and 6 women — were discharged as not insane. Seven men and 2 women were transferred by the Department of Mental Diseases to the State Infirmary; 2 women to Herbert Hall; 2 men to the Medfield State Hospital; 1 man to the Boston State Hospital. Ten men and 4 women were removed from the State and 15 men and 3 women were deported.

There remained in the hospital at the end of the year 95 more patients than at the beginning. The smallest number under treatment on any day was 1,976 patients, and the largest 2,084. The daily average was 1,990.62.

The percentage of recoveries calculated upon the number of discharges and deaths was 8.87, calculated upon the number of admissions, 10.63. The death rate was 11.9, calculated on the whole number of patients under treatment, and 8.2 calculated on the daily average number.

ADMISSIONS CLASSIFIED BY CLINICAL GROUPS.

The classification adopted by the American Psychiatric Association has been followed, and the following summary of admissions, according to clinical diagnosis, with a brief analysis of each group, is submitted.

This summary was prepared by Dr. Clarence A. Bonner, assistant superintendent, Dr. Franklin P. Bousquet, assistant physician, and Miss Harriet L. Card, superintendent's clerk.

Traumatic Psychosis.

Number of cases admitted, one.

Following is a brief abstract of the same:—

Patient is a white male, age 50, single, and a laborer by occupation. Born in Winchendon, Mass. Admitted to this hospital July 13, 1921, on regular papers.

Family History.—Negative.

Personal History.—Early childhood essentially negative. Attended school until he reached the second year of high school, and at sixteen he went to work.

Onset.—Sudden. He thought that women entered his room at night, and that they were attempting to persecute him by various methods.

Physical Examination.—Shows ptosis of right upper lid, pupils sluggish in action. Wrist shows a condition resembling wrist drop. Blood pressure, 112 systolic, 70 diastolic. Urinalysis and Wassermann negative.

The injury to his head is said to have occurred when he fell from a high wall while spraying trees with a chemical. Apparently after this there was a progressive weakening of the muscles and the formation of a psychosis.

Senile Dementia.

Number of cases admitted, 47, — 17 males and 30 females.

Types.—Simple, 30; presbyophrenic, 1; paranoid, 16; total, 47. Average age, seventy-two years.

Results of Treatment.

	Males.	Females.	Totals.
Discharged improved	-	-	-
Discharged unimproved	-	-	-
Died	-	-	-
Remaining in hospital	17	30	47

Cerebral Arteriosclerosis.

Number of cases admitted, 46, — 31 males and 15 females, — equal to 5 per cent of the total admissions; fifth decade, 9; sixth decade, 12; seventh decade, 16; eighth decade, 9.

General Paralysis.

Number of cases admitted, 34, — males, 27, and females, 7, — or 7 per cent of the total admissions. Average age of men on admission, fifty years; of women, forty-two. Youngest patient in this group is twenty-two years of age, and the oldest was sixty-four.

Twelve patients died, a mortality of 33 per cent.

Results of Treatment.

	Males.	Females.	Totals.
Discharged improved	1	—	1
Discharged unimproved	—	—	—
Died	11	1	12
Remaining in hospital	15	6	21

Cerebrospinal Syphilis.

Under this classification we have gathered 8 cases which represent an involvement of the nervous system, varying in degree but exclusive of general paresis. Of these cases 4 have left the institution and 2 are remaining in the hospital. Both of the females have been permitted to leave. One of the male cases responded remarkably well to intensive treatment. This patient upon entrance exhibited a paralysis of the right arm and an aphonia. At the time of his leaving the institution muscular sense was apparently improved to such an extent that the patient could readily move his fingers. He also recovered his speech to the point where he was able to make himself understood. This case is one of the few which stand out as convincing evidence of the advisability of intensive treatment of neurosyphilitics, including the paretics.

Huntington's Chorea.

During the year 1 case was admitted. A brief abstract on this case is as follows: —

The case of A. N., admitted to the hospital May 10, 1921. As usual in these cases we have a previous record of an ancestral case. The father was a patient in this institution. The patient is fifty-four years of age. Received a common school education. Has four children and general health has been fairly good. In October, 1921, patient began to show unusual signs of nervousness, — became irritable, suspicious, careless in her habits, and the typical movements associated with Huntington's chorea became evident. Neurological findings: vision very much impaired; protrusion of the right eyeball; general choreic movements, with a certain amount of voluntary control. Blood pressure: 200 systolic, 110 diastolic. The blood serum was negative.

Hospital history finds that patient has been very kindly disposed, pleasant and tractable; somewhat sensitive, neat in habits and has assisted greatly in the care of herself. Mentally she is extremely emotional — exaggerates her troubles; occasionally makes rather unreasonable complaints, but, on the whole, has adopted a rather contented manner, and is getting along very comfortably at the present time.

Psychosis with Other Brain or Nervous Diseases.

Four cases were admitted: cerebral embolism, 1; paralysis agitans, 1; encephalitis, 2.

Results of Treatment.

	Males.	Females.	Totals.
Discharged improved	—	—	—
Died	—	2	2
Remaining in hospital	2	—	2

Alcoholic Psychosis.

Twenty-one cases were admitted, equal to 1 per cent of the total admissions. Of the total admissions, 2 were discharged recovered, 1 improved, 1 died and 17 remain in the hospital.

The general run of alcoholic cases shows little change from

that of previous years excepting in numbers. There are 7 more alcoholic cases this year than last. In detail, there was 1 case of pathological intoxication, 1 case of delirium tremens, 2 cases of Korsakoff's psychosis, 10 cases of acute alcoholic hallucinosis, 3 cases of chronic hallucinosis, 1 of the chronic paranoid type, and 3 alcoholic deteriorations.

Psychoses due to Drugs.

Psychoses due to drugs came under treatment in 2 cases; 1 was morphine and 1 cocaine. Of this group, 1 escaped from the hospital and the other is in the institution.

Psychosis with Other Somatic Diseases.

During the year 7 cases were admitted in whom the etiological factor was some physical condition, — post-infectious psychosis, 1 male, 3 females, total, 4; exhaustion delirium, 3 females.

These cases are interesting and unusual, for the reason that very definite physical disease is allied with the mental condition. The symptoms are similar to the usual psychoses, but the basic cause has been attributed to the physical state.

Of these cases above mentioned, 2 directly followed parturition, and 1 followed peritonsillar abscess with resultant absorption of toxins. One was associated with pulmonary tuberculosis, 2 followed periods of exhaustion, and 1 followed chronic nephritis.

Results of Treatment.

	Males.	Females.	Totals.
Discharged recovered	-	1	1
Discharged improved	-	-	-
Discharged unimproved	-	-	-
Died	-	-	-
In hospital	1	5	6

Manic-depressive Psychosis.

During the year 32 cases were admitted, — 14 men and 18 women, — equal to 8 per cent of the total admissions for the year.

SUBCLASSIFICATION.	Males.	Females.	Totals.
Manic type	3	14	17
Depressed	10	3	13
Mixed	1	1	2

Results of Treatment.

	Males.	Females.	Totals.
Discharged recovered	4	—	4
Discharged improved	1	3	4
Discharged not improved	—	—	—
Died	2	2	4
In the hospital	7	13	20
	14	18	32

Involutorial Melancholia.

During the year 28 cases were admitted, — 14 men and 14 women, — comprising 9 per cent of the total admissions.

Results of Treatment.

	Males.	Females.	Totals.
Discharged improved	1	—	1
Discharged recovered	1	—	1
Remaining in the hospital	12	14	26
	14	14	28

Dementia Præcox.

Out of 240 cases admitted, 141 were dementia præcox cases.

There were 97 males and 44 females, comprising 56 per cent of the total admissions.

SUBCLASSIFICATION.	Males.	Females.	Totals.
Paranoid	61	25	86
Catatonic	17	13	30
Hebephrenic	10	2	12
Simple	9	4	13
	97	44	141

Results of Treatment.

	Males.	Females.	Totals.
Improved	7	2	9
Not improved	1	—	1
Died	2	2	4
Remaining on books	87	40	127
	97	44	141

Epileptic Psychosis.

This group is comprised of 4 cases, — 2 men and 2 women, — all of whom were placed in a subgrouping of deterioration. The family history could not be obtained in 2 cases. One case was positive to insanity, the other case was negative.

Results of Treatment.

	Males.	Females.	Totals.
Discharged improved	—	—	—
Discharged not improved	—	1	1
Died	1	—	1
Remaining in hospital	1	1	2
	2	2	4

Psychoneuroses and Neuroses.

The total number of psychoneuroses cases admitted was 10, — 3 men and 7 women.

Types. — Hysterical types, 4; psychasthenic, 3; neurosthenic, 3.

One was discharged not improved, 3 improved, no deaths, and 6 remain in the hospital.

Psychopathic Personality with Psychoses.

There were 2 cases diagnosed in this group. These were both first admissions. One of these was married and the other single; one a laborer, and the other's occupation was given as civil engineer. One of these cases remained in the hospital but a month, when he was permitted to leave on visit. The other during his stay showed a gradual increase in psychotic symptoms.

Psychosis with Mental Deficiency.

Of the total admitted there were 21 cases classified in this group, — 14 men and 7 women; the average age was forty years, the youngest fourteen and the oldest sixty years. Discharged as improved, none; not improved, 2; remaining in the hospital, 19.

Undiagnosed Psychosis.

Thirty-six cases were admitted during the past year. These included 22 men and 14 women. Four cases were discharged as improved, 1 not improved, 3 died, and there are 28 remaining in the hospital.

This group of cases at the time of staff presentation could not be placed in any definite classification according to the schedule. In the majority of these cases the history was not of any great help. A few of the cases were incomplete because of the patient leaving within a few days after admission, not giving opportunity for the proper study and observation. From time to time throughout the year it is planned to inspect and re-examine cases of this kind, expecting that the symptomatology will offer evidence of a recognized psychosis. Of these 36 cases but 4 had a positive Wassermann and but 1 showed any symptoms of neurosyphilis.

Without Psychosis.

Six cases were admitted wherein no psychosis could be found. Of these, 4 were men and 2 women. There was 1 epileptic, 4 psychopathic personalities, and 1 mentally deficient. Of this group 2 men have been discharged and 4 remain in the hospital.

At the time these cases were presented at staff meeting their conduct and general reactions had given us no clew as to the actual type of mental disease. In all the cases there had been certain abnormal activities which had served to bring them within the view of the authorities. It not infrequently happens that patients who have perpetrated conduct disorders are of the constitutional inferiority or psychopathic classes, who are capable of self-restraint under disciplinary measures, but who do not exhibit those gross signs or symptoms which enable us to properly diagnose according to the present classification. Of this group the psychopathic personalities predominated, with 1 case of mental deficiency and 1 of epilepsy with infrequent convulsive episodes.

Ex-Service Men.

During the past year there were 47 ex-service men admitted to this hospital, and 15 of that number remained at the end of the year, making a total of 43 soldiers in the institution. Of those leaving the hospital 10 are out on a year's trial visit; 7 left without permission; 1 was transferred to another State hospital; 3 were discharged as recovered, 6 as improved, 4 as not improved, and 1 as not insane.

These men have been in charge of a special attendant who is himself a veteran, and the results of this plan have been most gratifying.

The following table shows the psychoses of these patients: —

Dementia præcox	26
Alcoholic	5
Manic-depressive	3
Psychopathic personality	3
Mentally deficient	2
Psychoneuroses	1
Epileptic	1
General paralysis	1
Cerebral embolism	1
Unclassified	2
Not insane	2

GENERAL HEALTH OF THE POPULATION.

The general health of the institution has been good. Among the employees 2 nurses suffered from diphtheria and were cared for at the Isolation Hospital. One female patient, suffering from dementia præcox, died from fracture of right femur, having been pushed by another patient. One woman suffering from cerebral arteriosclerosis died from multiple injuries, due to an accidental fall. One woman, also a case of cerebral arteriosclerosis, died from asphyxiation, due to food in larynx and bronchi. One man, diagnosed general paralysis of the insane, died from punctured ribs, due to an accidental fall from bed.

These cases were investigated by the medical examiner, and Dr. Myrtelle M. Canavan of the Department of Mental Diseases.

PRINCIPAL CAUSES OF DEATHS.

Seventeen and one-half per cent of all deaths were due to general paralysis of the insane; 15 per cent each to cardiovascular renal disease and pneumonia; 10 per cent to general arteriosclerosis; and $7\frac{1}{2}$ per cent to cerebral hemorrhage.

STAFF CHANGES.

The following changes have taken place on the medical staff of the hospital:—

Resignations.

William J. Vivian, M.D., resigned Jan. 21, 1921, to go to the United States Public Health Hospital, West Roxbury, Mass.

Donald R. Gilfillan, M.D., resigned to go to the National Sanatorium, Marion, Ind., Jan. 27, 1921.

B. Henry Mason, M.D., acting superintendent, left to accept a position at the Psychopathic Hospital, Ann Arbor, Mich., April 17, 1921.

Roy C. Jackson, M.D., resigned July 1, 1921.

Arthur H. Mountford, M.D., resigned Aug. 31, 1921.

Ada F. Harris, M.D., resigned Aug. 31, 1921, to be married.

Appointments.

William A. Bryan, M.D., was appointed superintendent, and assumed charge April 3, 1921.

George F. Caldicott, M.D., was appointed assistant physician June 1, 1921.

Franklyn P. Bousquet, M.D., was appointed assistant physician June 1, 1921.

George A. Gaunt, M.D., was appointed assistant physician Aug. 1, 1921.

Harrison M. Stewart, M.D., was appointed assistant physician Oct. 3, 1921.

Leon E. Duval, M.D., was appointed senior assistant physician Jan. 1, 1922.

Dr. Clarence A. Bonner was made assistant superintendent Sept. 13, 1921.

Dr. Michael J. O'Meara was made senior assistant physician Nov. 23, 1921.

Dr. Lloyd E. Byrd was appointed resident dentist Aug. 15, 1921.

STUDENT INTERNES.

The staff was materially assisted in the work during the summer months by a number of student internes from the Women's Medical College, Philadelphia, the University of Michigan Medical College, and the Tufts Medical College. One dental interne from Harvard Dental School served three months in the dental department. These positions are filled by second and third year students, and their work consists of acting as aids to the medical staff in the examination and treatment of patients, and as assistants in the pathological laboratory.

It is our intention to give the students a definite formal course of instruction along specialized lines, and such course is now being prepared for the next group of internes who come to the hospital.

The following students served as internes for periods of two to three months:—

Carl P. Benaglia	June 1 to Sept. 1, 1921.
Fernand M. Riendeau	June 9 to Aug. 1, 1921.
Edward P. A. Vercueil (dental)	June 10 to Sept. 10, 1921.
Henry L. Smith	June 22 to Sept. 12, 1921.
Walter O. Klingman	June 22 to Sept. 10, 1921.
Mildred Rogers	June 30 to Aug. 30, 1921.
Matilda Maerz	July 3 to Sept. 16, 1921.
Emily Gardner	July 3 to Aug. 30, 1921.

MEDICAL WORK.

The established routine of immediate preliminary physical examination of all newly admitted cases, Wassermann tests, typhoid and smallpox vaccines has been followed. Each case admitted for ten days' observation is brought to the staff conference where the question of commitment is decided. Staff meetings are held daily at 8 o'clock, each member of the staff being assigned a definite day when his cases may be presented. No case is presented until history, physical and mental examination and all special tests are secured, diagnosis made and a course of treatment outlined.

The general health of the population has been good during the year. Two cases of diphtheria have occurred, both of them being in the nursing group. They were sent to the City Isolation Hospital; both made a good recovery.

The X-ray department has been in active operation most of the year. There has been a total of 55 skiagraphs made from September 1 to the close of the year. The pictures taken are classified as follows:—

Hip	2	Shoulders	4
Wrist	10	Chest	6
Foot	1	Hand	11
Head	3	Ankle	9
Knee	6	Spine	3

The following lesions were found in this group of cases:—

Colle's fracture of wrist.

Compound fracture of humerus above an old fracture.

Compound comminuted fracture of right radius and ulnar bones.

Osteoma pereostitis of left tibia.
Falling of ant. arch of right foot.
Fracture of middle third of right humerus.
Dislocation of acromial end of right clavicle.
Double fracture of lower one-third of ulnar.
Three positive cases of tuberculosis.

We have made increased use of electrotherapeutics in treating certain types of psychoses, and the success attending this work deserves its further expansion.

HYDROTHERAPY.

A complete reorganization of the hydrotherapy department has been brought about in the past year. Considerable new equipment, such as pack beds, has been added. Largely as a result of the increased use of this method of treatment, restraint and seclusion have been practically eliminated from the hospital.

CALISTHENICS, RE-EDUCATIONAL WORK AND HABIT TRAINING.

The scope of the re-educational work has been enlarged. The sale of articles turned out by this department has been abolished, and the products are now used entirely by the hospital. This has the effect of transferring the interest of the instructors to the patient. The therapeutic idea is kept in view, and the instructor is interested in the improvement of the patient rather than the attempt to turn out beautiful articles for display or sale.

A beginning has been made in grading the classes according to the occupation being taught, progressing from the simple to the complex, and each type of occupation is in a separate room. In this way the progress of the patient can be accurately followed. A class of demented patients has been organized under a physical culture teacher. Small groups of patients are taken to the chapel and an hour spent in playing games, in various calisthenic exercises and in marching. We have found that this is the longest period of time such work can be profitably followed for the same patient, and a different group is

treated each hour of the day. In this way one teacher can give her attention to a very large group of patients.

Habit-training classes have been inaugurated on the untidy wards, and have done much to raise the morale of the patient population on these wards. Three school classes have been organized, with patients officiating as teachers, — one class in English for young Italian girls, a class in conversational French, and a class in the elementary branches. These classes have been productive of excellent results, and pupils and teachers have shown much improvement as a result of them.

An occupational therapy department has been started at Summer Street, and this work has been enlarged until it is a very prominent factor in the work of that department.

Staff Luncheons.

A new feature has been initiated during the past year which has been of much interest and benefit to the members of the staff. Once in two weeks a staff luncheon is held, at which time a specialist is secured in some field of general medicine who discusses with the members the particular phase in which he is interested. These meetings have been unusually helpful and stimulating. We are indebted to the following speakers for their helpful talks: —

Dr. Michael Jordan, "The Relation of the State Hospital to the Neurologist."

Dr. Ernest Hunt, "Surgical Organization."

Dr. Walter Bieberbach, "Surgery of the Prostate Glands."

Dr. Thomas F. Kenney, "The Relation of the Board of Health to the State Hospital."

Dr. James Plant, "A Plan for Nurses' Notes."

On December 7 the fifty-second meeting of the assistant physicians of the State hospitals of Massachusetts was held here. The program consisted of a ward inspection in the morning, luncheon at 1 P.M., physicians' meeting at 2, followed by literary papers and discussion, led by Drs. Bonner and Gaunt. Calisthenic exercises and occupational activities were demonstrated.

LABORATORY REPORT.

The work in the pathological laboratory suffered very seriously by the resignation of Dr. Ada Harris. Since that time we have had no pathologist in charge, and have only been able to do the routine work. A pathologist has been secured and will begin his duties on February 1, at which time it is expected that a complete reorganization of the pathological work will take place and the next year be one of productive activity.

DENTAL DEPARTMENT.

The following report is submitted by Dr. Byrd, the resident dentist: —

I submit herewith the following report of the dental work done at the hospital during the year 1921. A full-time dentist was appointed in June, 1921, and the report will show the increase in the amount of work carried on following this appointment.

For the months of June, July, August, September, October and November the least number of patients treated was 193 and the greatest number was 267. The least number of prophylactics was 87, the highest 161. The least number of fillings was 52 and 187 the highest. Treatments throughout this period ranged from 11 per month up to 27. The greatest number of extractions were performed in November, there being 462.

A full equipment for the dental laboratory has been installed and four plates have been completed for patients in the hospital. The work of Miss Thompson, dental hygienist, has been extremely valuable. She has done much prophylactic work, and in addition has inaugurated classes in hygiene on the wards. Attention should be called to the necessity of the new work with accessories for the use of the dental hygienist, and also a new dental cabinet and nitrous-oxide machine. The following table shows, in detail, the work done in the department: —

MONTH.	Num- ber of Pa- tients.	Clean- ing.	Filling.	Plates.	Treat- ment.	Teeth ex- tracted.	Im- pacted Teeth ex- tracted.	Plates re- paired.
December	32	4	9	-	4	33	-	-
January	48	15	6	-	3	61	-	-
February	36	3	14	-	8	34	-	-
March	59	12	24	-	12	51	-	-
April	39	6	9	-	5	37	-	-
May	27	7	8	-	10	12	-	-
June	193	115	52	-	23	299	-	-
July	235	112	82	-	18	390	-	-
August	267	102	156	-	26	434	3	-
September	250	137	117	-	27	350	2	-
October	262	87	187	1	24	333	3	-
November	256	161	163	3	11	462	4	1
Totals	1,704	761	837	4	171	2,496	12	1

REPORT OF THE OUT-PATIENT DEPARTMENT.

The following report of the work of the out-patient department which was begun at the Summer Street Department in June, 1921, is submitted by Dr. George F. Caldicott, who has acted as the head of this phase of the work and has also had charge of the examination of school children. The personnel consisted of Dr. Caldicott and Dr. Michael J. O'Meara, Miss Helen A. Martin, psychologist, Miss Mary W. Howgate and Miss Jennie A. Harrington, social service workers, Miss Margaret Medcalfe and Miss Mary Donohue, nurses.

I herewith submit the summary of the work done in the out-patient department during seven months of the year 1921. This department was organized in June, the purpose of the clinic being to offer to the people of this section of the State the advantages of a psychopathic hospital. At first the idea was somewhat new to the public, but the opportunity for help offered by the clinic was soon recognized. Before long, not only were psychiatric cases presented for diagnosis, treatment and advice, but also neurological and syphilogical cases; also cases of children who were retarded in school or who were conduct problems. Later the task of examination of school chil-

dren in 58 towns came to be placed under this department. The clinic has available physicians, social workers, a psychologist and nurses — all training along this line of work. The routine of examination consists of searching inquiry along lines of physical examination, family history, personal and developmental history, school progress and tests, practical knowledge, economic efficiency, social history and reactions, moral reactions, mental and psychological tests; also the routine taking of blood for Wassermann tests, together with laboratory examinations, as indicated.

If needed, such facilities as X-ray, electrical apparatus and fluoscopes are available for detailed study. From this data a complete and composite picture is made from which to draw a conclusive diagnosis. A diagnosis being made, advice on the disposition of the case is given, and patients who can receive treatment at the hospital are given attention free of charge.

The following table will show the type of cases handled by the out-patient department: —

DIAGNOSIS.	No.	Recommendations.	Disposal.
<i>I. Psychotic.</i>			
Dementia præcox . . .	1	Hospitalization . . .	Committed to Worcester State Hospital.
Senile dementia . . .	1	Sanatorium treatment .	Relatives carrying out advice.
Manic-depressive . . .	2	Hospitalization . . .	Committed to Worcester State Hospital.
Psychosis with cerebral embolism.	1	Hospitalization . . .	Temporary care at Adams Nervine by relatives; later committed to Worcester State Hospital. Condition unimproved.
Neurosis	3	Electro and hydrotherapeutic treatments, with psychoanalysis.	Treatment carried on at Worcester State Hospital out-patient department. Improvement seen.
Neurasthenia	2	1, electro and hydrotherapeutic treatment.	1, carried on at Worcester State Hospital out-patient department.
		2, readmission to hospital .	2, in hospital. Condition improved.
<i>II. Feeble-minded.</i>			
Simple	9	1, institutional care . . .	Admission pending.
		5, special class and manual training.	In hands of relatives.
		2, corrective supervision (at home).	Being carried out.
		3, institutional care . . .	Advice not followed.
Delinquent	6	Institutional care . . .	4, admitted to feeble-minded school.
			2, admission pending.
With syphilis	1	Institutional care and syphilitic treatment.	Patient disappeared.
With epilepsy	3	Institutional care . . .	1, advice not followed.
			2, patient to report in six months.
			3, admission pending.

DIAGNOSIS.	No.	Recommendations.	Disposal.
<i>III. Neurological.</i>			
Cerebral irritation associated with tuberculosis.	1	Tubercular hygiene schedule planned for patient and family, in care of board of health nurse.	Plans being carried out.
Post-cerebral hemorrhage; paralysis.	1	Schedule planned for patient. Moderate exercise, modified diet, etc.	Plans being carried out.
<i>IV. Syphilitic.</i>			
Cerebral spinal syphilis	4	Intensive bi-weekly treatments.	3, treatment carried out at Worcester State Hospital out-patient department. 1, patient disappeared.
Secondary syphilis	1	Intensive bi-weekly treatments.	Treatments carried out at Worcester State Hospital out-patient department.
Tabo-paresis	2	Intensive treatment and hospital care. Out-patient department to report.	Advice not followed.
<i>V. Without Psychoses.</i>			
Chorea		Referred to nose and throat specialist.	Given treatment at Worcester State Hospital out-patient department. Condition improved.
Tonsils and adenoids plus speech defect.	1	Removal of tonsils and adenoids.	Tonsilectomy arranged for at Memorial Hospital.
Hyperthyroidism (adolescent).	1	Quiet mode of living, rest, fresh air, good food, as scheduled.	Plans being carried out. Condition improved.
<i>Maladjusted:</i>			
(a) School	1	Treatment for ears	Advice given to teacher and school nurse as to their attitudes toward patient. Condition improved.
(b) Home	3	Remove patients from present homes. Place in good care.	Further placement in hands of Children's Friend Society.
(c) Social	1	Remove patient from own home; attention to recreation.	Arrangements pending.
Conduct problem	1	Replacement	Patient in hand of Children's Friend Society.
Routine out-patient department examination.	11	Supervision; more thorough study and investigation.	Patient in care of Girl's Welfare Society.
<i>VI. Undiagnosed.</i>			
Routine out-patient department examination.	1	Further investigation; patient to report to clinic again in six months.	Patient being cared for by Girls' Welfare Society.
	5	Patients to report in six months.	None made.

Type of Cases seen, School Out-patient Clinic.

<i>Feeble-minded.</i>			
(a) Simple feeble-minded.	16	Special classes, — training along manual lines and correction of pathological conditions.	Arrangements pending for carrying out recommendations.
(b) Feeble-minded requiring institutional care.	1	Institutional care.	- -
(c) Feeble-minded potential psychotics.	2	Special classes, — training along manual lines. To report to Worcester State Hospital out-patient department every six months.	Arrangements pending for carrying out recommendations.
Diagnosis deferred	3	To report in six months for further study.	- -
Cases in partial state of completion.	27	Pending.	- -

COMMUNITY ACTIVITIES.

The following lectures have been given by members of the staff during the year: —

Clinic for students of Clark University held at Worcester State Hospital	Dr. Bryan.
Lecture on Mental Hygiene before Kosmos Club of Wakefield	Dr. Bryan.
Lecture before Psychology Club of Worcester	Dr. Bryan.
Paper on Mental Hygiene read at meeting of the Worcester District Medical Association	Dr. Bryan.
Psychology of Insanity, before medical staff of St. Vincent's Hospital	Dr. O'Meara.
Anatomy of the Nervous System, before nurses of St. Vincent's Hospital	Dr. O'Meara.
Brain and Nervous System, before nurses of Worcester City Hospital and Rutland State Sanatorium	Dr. O'Meara.
Causes, Classification and Prevention of Mental Diseases, before the nurses of Worcester City Hospital and Rutland Sanatorium	Dr. O'Meara.
Mental Hygiene, before the nurses of Worcester City Hospital and Rutland State Sanatorium	Dr. O'Meara.
Involution Melancholia, given at a meeting of the assistant physicians	Dr. Gaunt.
Origin and Scope of the Modern State Hospital, given at a meeting of the assistant physicians	Dr. Bonner.
Lecture on Social Service before the Women's Club of Marlborough	Miss Harrington.

The following papers have been published or submitted for publication during the past year: —

Paresis — Treatment, Arsphenamine, Mercury and Potassium Iodide	Dr. Bonner.
The Origin and Scope of the Modern State Hospital	Dr. Bonner.
Adrenalin in Terminal Dementia	Dr. Bonner.
Pathological Changes occurring in Epidemic Encephalitis	Dr. Ada Harris.
Acute Encephalitis	Dr. Ada Harris.
Involution Melancholia	Dr. George Gaunt.
An Experiment with Simple Tests for the Insane	Miss Marjory Bates.

A course has been inaugurated to which all social workers, school nurses and those dealing with the mentally deficient

were invited to attend. The following is the program of lectures, the first and second of which have been given at our Summer Street Department:—

Lecture I. Nov. 9, 1921, by Dr. William A. Bryan.

Introduction, History of Psychiatry. Types of Reaction, Mental Mechanisms.

Lecture II. Dec. 14, 1921, by Dr. Clarence Bonner.

Methods of Procedure in Caring for Community Patients who need Psychiatric Treatment. Subtopics: (a) Symptoms which indicate the need of hospital commitment; (b) factors that determine the discharge and retention of State hospital patients; (c) common forms of diagnosis and their social interpretation. Illustrations.

Lecture III. Jan. 11, 1922, by Dr. Leon Duval.

Types of Conduct Disorder and Character Changes which indicate the Need of Mental Examination and Treatment. Procedure—Illustrations.

Lecture IV. Feb. 8, 1922, by Miss Jennie Harrington.

The Relation of the State Hospital to the Social Agency. Subtopics: Customs and traditions of the hospital relative to giving information to outside agencies; nature of information which hospital may contribute to agencies, and nature of assistance which hospital may render to such agencies.

Lecture V. March 8, 1922, by Dr. Michael O'Meara.

State Hospital Methods of Caring for Mental Patients. Subtopics: Legal relationships; purpose of hospital departments and their functions; treatment of patients, clinics, social service, out-patient service, etc.

Lecture VI. April 12, 1922, by Dr. William A. Bryan.

Showing forms of mental diseases.

REPORT OF THE SOCIAL SERVICE DEPARTMENT.

To the Superintendent.

For several years the work of the social service department has been conducted by one worker, but since September 18 the department has had the services of Miss Mary Wallace Howgate, a graduate of Smith College and Smith College Training School for Social Work.

A great deal of the work that a social worker in a State hospital is called upon to do is of a miscellaneous character. It is the doing of kind little things, both for the patient and his family. Looking up patients' clothing, securing his wages,

referring his family to various agencies for help, and numerous other deeds are a part of the work of helping the patient to recover by relieving his mind from worry.

The social worker studies the patient, his family, his job, his home surroundings, his recreation, his friends, etc., with a view to better adjustments of these relationships, so that a recovery is more possible and a recurrence less likely. Many times the irritating influences have been removed by social service, and the other factors in the environment have been made helpful. The department is an important connecting link between the hospital and the community, for many erroneous impressions of the hospital have been corrected by the workers.

The social work of the hospital may be divided into the following groups: —

- I. *Social Case Work*. — A social case is one in which there is social problem needing adjustment.
 - (a) Environmental and adjustment problems pertaining to home, work, friends and recreation.
- II. *History Work*. — The social worker goes into the community to obtain a history in cases where no relatives come to the hospital, or where there is some social problem involved.
 - (a) Medical history for medical diagnosis.
 - (b) Social history for social treatment.
 - (c) Medical social history for medical diagnosis and social treatment.
- III. *Investigations*. — Made for object of helping patient.
 - (a) Court investigation.
 - (b) Home investigation.
 - (c) Boarding homes investigation.
 - (d) Complaint investigations.
 - (e) Miscellaneous.
- IV. *Supervision*.
 - (a) Patients on visit.
 - (b) Boarding patients.
 - (c) Miscellaneous cases.
- V. *Community Work*.
 - (a) Social agencies.
 - (b) Linking hospital with community.
- VI. *Educational Work*.
 - (a) Lectures.
 - (b) Advice.
- VII. *Out-patient Work*.
 - (a) Hospital clinics.
 - (b) School clinics.

TABLE A.—*Reason for Consideration.*

	Males.	Females.	Totals.
Medical histories	56	53	109
Medical social histories	41	23	64
Home investigation	12	22	34
Special investigation	14	11	25
Social investigation	17	22	39
Supervision	71	121	192
Family assistance	1	1	2
Boarding patients	—	25	25
Venereal disease clinic	1	—	1
Miscellaneous	20	12	32
	233	290	523

TABLE B.—*Clinic Work.*

	Males.	Females.	Totals.
Patients interviewed at clinics	34	38	72
Relatives interviewed at clinics	19	12	31
Social cases selected at clinics	2	4	6
	55	54	109

TABLE C.—*Service Rendered.*

	Males.	Females.	Totals.
Arrangements made for medical care	3	16	19
Readjustment in home	6	13	19
Readjustment in work	2	8	10
Readjustment in recreation	4	5	9
Readjustment in church	1	—	1
Arrangements for community supervision	15	5	20
Referred to relief agencies	4	2	6
Referred to special agencies	15	11	26
Referred to venereal disease clinics	1	4	5
Referred to employment agencies	5	3	8
Legal aid secured	3	4	7

TABLE C.—*Service Rendered*—Concluded.

	Males.	Females.	Totals.
Advice to patient	17	60	77
Advice to relatives	40	46	86
Boarding patients visited	—	99	99
Property cared for	3	10	13
Assisting Red Cross with compensation claims	13	—	13
	132	286	418

It is hoped that with another worker the work of the department may be developed along new lines. More efficient work could be accomplished with the use of a department automobile.

I wish to express my appreciation for the aid and counsel given me by Miss Hannah Curtis, the director of social work of the Department of Mental Diseases, and for the co-operation of the hospital staff and the ready response of help from the social agencies.

Respectfully submitted,

JENNIE A. HARRINGTON,
Social Worker.

Nov. 30, 1921.

TRAINING SCHOOL FOR NURSES.

I herewith submit the following report on the Training School of the Worcester State Hospital for the year 1921:—

Graduated a class of 14 members, — 13 women and one man. Present senior class consists of 13 women; present intermediate class, 9 women; first-year students, 22 women.

Graduation exercises were held September 15. Dr. Myerson of Boston addressed the class. Miss Caswell, a member of the Board of Trustees, presented the diplomas. After the exercises a reception and dance was enjoyed by the graduates and their friends.

On June 25 the Training School had the honor of entertaining Miss Linda Richards at an informal tea. She recounted many interesting incidents regarding her work here while organizing the Training School in 1903. Our graduates now number 209.

The Alumnae Association has held quarterly meetings at the hospital, and after the business meeting a social hour is indulged

in. The Training School has been represented at the various State meetings and also at the American Nurses Association Meeting held at Concord, N. H. The Worcester branch of the Massachusetts State Nurses Association was entertained at the hospital. During the evening Dr. Wright of Boston State Hospital gave an interesting talk on hydrotherapy.

The affiliation with Boston City Hospital which had been ten months was extended to one year. Interest in the Training School has been stimulated by these various activities, and it is gratifying to notice an increase in the number of desirable applicants during the past few months.

Merle B. Malsbury, R.N., assistant superintendent of nurses, resigned to accept the position of superintendent of nurses at the Bangor State Hospital. The vacancy has recently been filled by Florence Wooldridge, R.N.

ELSIE I. RICHARDS,
Superintendent of Nurses.

RELIGIOUS SERVICES.

Religious services have been held regularly each Sunday at both the main hospital and the Summer Street Department, a Catholic clergyman officiating in the forenoon and a Protestant clergyman in the afternoon. Response to sick calls and the rites of their religion to the dying have been faithfully made by members of the clergy.

ENTERTAINMENTS AND AMUSEMENTS.

Acknowledgment is made to the following individuals and organizations for entertainments given during the year:—

In February, 1921, an entertainment was provided at the Summer Street Department by the Knights of Columbus, including glee club work, solos and instrumental music.

At the main institution we have been favored, under the direction of Mrs. Oscar P. Tabor, with a pageant which was very enjoyable to the patients.

The Auxiliary of the American Legion on two different occasions entertained the soldiers in the recreation room with instrumental and vocal music.

One moving-picture entertainment by the Kirk Soap Company was provided.

On November 17, through the courtesy of our storekeeper, Mr. William Scott, the Kiltie Clan gave an entertainment at the main hospital, and on the 18th a very enjoyable entertainment at the Summer Street Department.

On Thursday, December 29, the American Legion and the Women's Auxiliary gave a most enjoyable program, consisting of seventeen numbers, for the benefit of the ex-soldiers and other patients.

On December 28 a number of our talented patients, accompanied by several physicians, gave an entertainment to the patients at Westborough.

During the summer months a baseball team played every Saturday afternoon and made trips to other hospitals. An interhospital league has been suggested and would seem to be an excellent idea.

The weekly moving-picture shows have been productive of considerable good, and have contributed materially to the recovery of a certain number of patients, as have also the weekly dances.

A hospital orchestra has been organized, and it is our intention to make music a very important therapeutic measure.

The various holidays have been observed by special entertainments.

NEW CONSTRUCTION.

General Operations for the Year.

Many minor repairs have been made in the building during the course of the year. The cattle barns at the main building and Hillside have been repainted both inside and out. All the porches at the main hospital have been painted, the fence at Summer Street, and three cottages for employees, in addition to the outside work. Washburn I, which is now used as a receiving ward, has been entirely renovated and new clothes rooms built, new toilets put in and the entire ward painted.

The industrial department, under the direction of Mr. Corkum, has scraped and refinished over a thousand pieces of furniture during the year in addition to rematting and re-finishing practically every picture in the hospital. A complete

reclassification of the wards has been made, the first floor on each side now being used as a reception service.

A large salvage yard has been completed where articles no longer in use can be taken and either salvaged, stored in a proper manner or sold as junk. The utility of this yard has been shown since it was built.

Comprehensive plans have been made and the work begun of centralizing the storerooms of the hospital in one corridor. The work of renovating the laundry has been completed, and the necessity for this renovation is shown by its increased efficiency.

Certain changes have been made in the disposition of garbage which have proven to be in the interest of cleanliness.

All farm implements have been repainted and repaired. About 200,000 feet of chestnut lumber was sawed during the early part of the year. The trees had begun to decay, and the lumber was salvaged before such destruction had progressed far enough to destroy them.

Much work has been done on the boilers, two of them having been completely reset.

NEEDS.

Certain special needs for which an appropriation is requested are as follows: —

Refrigeration Plant. — This hospital has no adequate means of refrigeration. The antiquated ice boxes now in use are inadequate for our needs, and a great many articles of food are rendered useless each year because of our inability to maintain a proper temperature. A combined refrigerating plant and storehouse, with an ice-making machine of adequate capacity, would increase our efficiency a great deal. The present ice house is not large enough for our needs, and each year it is necessary to go into the market and buy a considerable quantity of ice to care for our needs during the latter part of the year.

We have sixteen different storerooms, all located in the basement, and this requires a larger force of storeroom employees than would seem to be necessary if a storeroom was all under one roof.

Congregate Dining Room. — The dining-room facilities for patients at this hospital are very inadequate, and it is impossible to give the best service in feeding our patients while they are in use. Each ward has a dining room, in all, 42, and in no case are these dining rooms equipped for the purpose for which they are used. A number of them have no facilities for washing dishes. The construction of a congregate dining room would enable us to give our patients hot food served in a better manner which would contribute a great deal to their comfort.

Some attention should also be given to the needs of our present kitchen. The equipment is almost entirely of wood and should be replaced by steel equipment. Our kettles are of the old type with no outlet for the purpose of cleaning. These should be replaced by modern aluminum kettles. The present ventilating system in the kitchen is inadequate and does not take care of the various cooking odors. When certain conditions are present the odor of food can be detected in the entrance hall.

Fireproof Stairways. — We have at the present time seven wooden staircases in the main building which make a great fire hazard. The shafts in which they are built would cause the flames to spread rapidly from one floor to another. These wooden staircases should be replaced by iron structures.

Automatic sprinklers are needed in the attic of both the main building and the Summer Street Department. The fire hazard is very great, and the installation of these would furnish a protection that can be secured in no other way.

In conclusion I wish to express my grateful appreciation to the members of the Board of Trustees for their interest and helpful suggestions in the work of the hospital. They have supported me in all things, and have been untiring in their efforts and given freely of their time to assist us in the care and treatment of the patients.

To the loyal officers and employees who have so splendidly co-operated in the work of the year I also wish to express my grateful acknowledgment.

WILLIAM A. BRYAN,

Superintendent.

VALUATION.

Nov, 30, 1921.

REAL ESTATE.

Land (589 acres)	. . . . .	\$416,357 00
Buildings	. . . . .	2,174,812 76
		<hr/>
		\$2,591,169 76

PERSONAL PROPERTY.

Travel	. . . . .	\$872 23
Food	. . . . .	14,936 10
Clothing and materials	. . . . .	35,062 58
Furnishings and household supplies	. . . . .	182,097 21
Medical and general care	. . . . .	8,869 18
Heat, light and power	. . . . .	50,193 84
Farm	. . . . .	50,986 44
Garage, stable and grounds	. . . . .	13,238 61
Repairs	. . . . .	15,103 50
		<hr/>
		\$371,359 69

SUMMARY.

Real estate	. . . . .	\$2,591,169 76
Personal property	. . . . .	371,359 69
		<hr/>
		\$2,962,529 45

TREASURER'S REPORT.

To the Department of Mental Diseases.

I respectfully submit the following report of the finances of this institution for the fiscal year ending Nov. 30, 1921:—

CASH ACCOUNT.

Balance Dec. 1, 1920	\$4,092 18
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Receipts.

Income.

Board of inmates:

Private	\$40,139 24	
Reimbursements, insane	42,997 60	
		\$83,136 84

Personal services:

Reimbursement from Board of Retirement	180 77
--	--------

Sales:

Travel, transportation and office ex- penses	\$41 69	
Food	133 10	
Clothing and materials	173 48	
Furnishings and household supplies	1,289 11	
Medical and general care	3 78	
Heat, light and power	9 55	
Farm:		
Cows and calves	\$310 97	
Pigs and hogs	24 28	
Hides	33 81	
		369 06
Garage, stable and grounds	71 95	
Repairs, ordinary	656 29	
		2,748 01

Miscellaneous:

Interest on bank balances	\$1,096 58	
Rent	1,239 62	
		2,336 20

88,401 82

Receipts from Treasury of Commonwealth.

Maintenance appropriations:

Balance of 1920	\$60,043 44	
Advance money (amount on hand November 30)	48,000 00	
Approved schedules of 1921	608,835 02	
		716,878 46

Special appropriations	21,058 69	
----------------------------------	-----------	--

Total	\$830,431 15	
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Payments.

To treasury of Commonwealth, institution income		\$88,401 82
Maintenance appropriations:		
Balance of schedules of previous year	\$64,135 62	
Eleven months' schedules, 1921	608,835 02	
November advances	26,967 28	
		<hr/>
		699,937 92
Special appropriations, approved schedules		21,058 69
Balance Nov. 30, 1921:		
In bank	\$20,361 78	
In office	670 94	
		<hr/>
		21,032 72
		<hr/>
Total		\$830,431 15

MAINTENANCE.

Balance from previous year, brought forward	\$1,299 65	
Appropriation, current year	740,400 00	
		<hr/>
Total	\$741,699 65	
Expenses (as analyzed below)	677,769 55	
		<hr/>
Balance reverting to treasury of Commonwealth		\$63,930 10

Analysis of Expenses.

Personal services:		
B. Henry Mason, acting superintendent	\$1,061 67	
William A. Bryan, superintendent	2,380 00	
Medical	12,624 85	
Administration	20,151 16	
Kitchen and dining-room service	12,516 14	
Domestic	30,800 19	
Ward service (male)	65,371 33	
Ward service (female)	60,878 34	
Industrial and educational department	4,185 21	
Engineering department	28,500 84	
Repairs	19,759 20	
Farm	13,265 99	
Stable, garage and grounds	4,469 00	
		<hr/>
		\$275,963 92
Religious instruction:		
Catholic	\$1,200 00	
Hebrew	260 00	
Protestant	375 00	
		<hr/>
		1,835 00
Travel, transportation and office expenses:		
Advertising	\$75 43	
Postage	475 90	
Printing and binding	1,276 05	
Printing annual report	257 57	
		<hr/>
Amounts carried forward	\$2,084 95	\$277,798 92

<i>Amounts brought forward</i>	\$2,084 95	\$277,798 92
Travel, transportation and office expenses — <i>Con.</i>		
Stationery and office supplies	2,764 90	
Telephone and telegraph	2,101 34	
Travel	2,045 47	
		8,996 66
Food:		
Flour	\$23,199 76	
Cereals, rice, meal, etc.	4,865 37	
Bread, crackers, etc.	542 54	
Peas and beans (canned and dried)	3,142 94	
Macaroni and spaghetti	1,219 87	
Potatoes	4,496 83	
Meat	39,472 94	
Fish (fresh, cured and canned)	7,172 46	
Butter	6,446 05	
Butterine, etc.	8,934 97	
Peanut butter	2 70	
Cheese	2,345 31	
Coffee	916 61	
Coffee substitutes	1,021 69	
Tea	547 88	
Cocoa	105 52	
Whole milk	129 07	
Milk (condensed, evaporated, etc.)	1,344 56	
Eggs (fresh)	8,114 04	
Egg powders, etc.	1,021 40	
Sugar (cane)	5,807 35	
Fruit (fresh)	1,339 53	
Fruit (dried and preserved)	9,109 34	
Lard and substitutes	1,855 92	
Molasses and syrups	1,189 51	
Vegetables (fresh)	741 09	
Vegetables (canned and dried)	559 81	
Seasonings and condiments	1,575 72	
Yeast, baking powder, etc.	466 91	
Sundry foods	731 96	
		138,419 65
Clothing and materials:		
Boots, shoes and rubbers	\$3,614 29	
Clothing (outer)	7,668 96	
Clothing (under)	2,770 19	
Dry goods for clothing	2,984 53	
Hats and caps	248 64	
Leather and shoe findings	188 61	
Socks and smallwares	1,651 24	
		19,126 46
Furnishings and household supplies:		
Beds, bedding, etc.	\$12,006 09	
Carpets, rugs, etc.	1,327 78	
Crockery, glassware, cutlery, etc.	1,972 90	
Dry goods and smallwares	1,394 52	
Electric lamps	1,439 95	
<i>Amounts carried forward</i>	\$18,141 24	\$444,341 69

Amounts brought forward \$18,141 24 \$444,341 69

Furnishings and household supplies — *Con.*

Fire hose and extinguishers	477 27	
Furniture, upholstery, etc.	3,865 33	
Kitchen and household wares	6,118 10	
Laundry supplies and materials	3,225 77	
Lavatory supplies and disinfectants	2,075 30	
Machinery for manufacturing	50 21	
Table linen, paper napkins, towels, etc.	2,191 14	
		36,144 36

Medical and general care:

Books, periodicals, etc.	\$585 70	
Entertainments, games, etc.	2,059 40	
Funeral expenses	958 00	
Gratuities	17 00	
Ice and refrigeration	1,472 99	
Laboratory supplies and apparatus	274 46	
Manual training supplies	113 82	
Medicines (supplies and apparatus)	5,781 88	
Medical attendance (extra)	895 72	
Patients boarded out	2,623 22	
Return of runaways	151 66	
Tobacco, pipes, matches	2,657 46	
Water	8,309 26	
Sewerage (chapter 165, Special Acts of 1919)	2,400 00	
		28,300 57

Heat, light and power:

Coal (bituminous) ¹	\$39,692 14	
Freight and cartage	36,681 46	
Coal (screenings)	11,811 79	
Coal (anthracite)	6,057 33	
Freight and cartage	2,322 65	
Electricity	263 90	
Gas	1,373 65	
Oil	556 81	
Operating supplies for boilers and engines	346 36	
Sundries	20 00	
		99,126 09

Farm:

Bedding materials	\$500 24	
Blacksmithing and supplies	510 81	
Carriages, wagons and repairs	469 50	
Dairy equipment and supplies	389 91	
Fencing materials	7 56	
Fertilizers	995 79	
Grain, etc.	11,508 77	
Hay	8,161 78	
Harnesses and repairs	210 04	
Cows	83 96	
Other live stock	725 00	

Amounts carried forward \$23,563 36 \$607,912 71

¹ Includes refund of \$454.71 on coal which came through care of medical department and did not go through institution cash.

Amounts brought forward \$23,563 36 \$607,912 71

Farm — *Con.*

Labor (not on pay roll)	66 73
Rent	250 00
Spraying materials	200 65
Stable and barn supplies	98 00
Tools, implements, machines, etc.	1,175 23
Trees, vines, seeds, etc.	711 58
Veterinary services, supplies, etc.	659 81
Lime	236 12

26,961 48

Garage, stable and grounds:

Motor vehicles	\$1,805 77
Automobile repairs and supplies	5,072 42
Blacksmithing and supplies	105 12
Carriages, wagons and repairs	13 15
Hay	351 99
Harnesses and repairs	4 10
Road work and materials	250 00
Stable supplies	25 08
Tools, implements, machines, etc.	246 01
Trees, vines, seeds, etc.	64 42
Veterinary	5 50

7,943 56

Repairs, ordinary:

Cement, lime, crushed stone, etc.	\$1,192 58
Electrical work and supplies	879 04
Hardware, iron, steel, etc.	2,999 68
Lumber, etc. (including finished products)	3,347 23
Paint, oil, glass, etc.	6,655 69
Plumbing and supplies	2,658 36
Roofing and materials	2,209 96
Steam fittings and supplies	981 09
Tools, machines, etc.	572 66
Boilers, repairs	1,902 84
Dynamos, repairs	32 98
Engines, repairs	428 39

23,860 50

Repairs and renewals:

Hand stoker type for two boilers	\$848 10
Corn-shelling machine	264 72
Laundry machinery	8,365 00
Telephone line	449 70
Woodward porches	1,163 78

11,091 30

Total expenses for maintenance \$677,769 55

SPECIAL APPROPRIATIONS.

Balance Dec. 1, 1920	\$24,874 43
Appropriations for current year	16,000 00
Total	\$40,874 43
Expended during the year (see statement below)	\$21,577 61
Reverting to treasury of Commonwealth	5 22
	21,582 83
Balance Nov. 30, 1921, carried to next year	\$19,291 60

OBJECT.	Act or Resolve.	Whole Amount.	Expended during Fiscal Year.	Total expended to Date.	Balance at End of Year.
Water supply	Chap. 95, Res. 1917.	\$11,385 00	\$6,580 75	\$11,207 64	\$177 36
Renovating the plumbing	Chap. 153, Sp. Acts 1919.	5,500 00	361 53	5,498 46	1 54*
Alterations of buildings, Hillside Farm.	Chap. 153, Sp. Acts 1919.	5,500 00	103 49	5,497 89	2 11*
Worcester department, heating system. ¹	Chap. 123, Res. 1917.	3,758 72	498 67	644 48	3,114 24
Alterations to laundry	Chap. 225, Acts 1920.	21,000 00	3,220 36	20,998 43	1 57*
Water supply for fire protection.	Chap. 225, Acts 1920.	17,000 00	10,812 81	17,000 00	-
Alterations in heating shaft	Chap. 203, Acts 1921.	16,000 00	-	-	16,000 00
		\$80,143 72	\$21,577 61	\$60,846 90	\$19,296 82

* Balance reverting to the treasury of the Commonwealth	\$5 22
Balance carried to next year	19,291 60
Total as above	\$19,296 82

RESOURCES AND LIABILITIES.

Resources.

Cash on hand	\$21,032 72
November cash vouchers (paid from advance money), account of maintenance	26,967 28
	\$48,000 00
Due from treasury of Commonwealth from available appropriation, account of November, 1921, schedule	21,389 24
Special appropriations	518 92
	\$69,908 16

Liabilities.

Outstanding schedules of current year:	
Schedule of November bills	\$69,389 24
Special appropriations	518 92
	\$69,908 16

¹ Transferred from Grafton State Hospital Dec. 1, 1919.

PER CAPITA.

During the year the average number of inmates has been 2,027.65.

Total cost for maintenance, \$677,769.55.

Equal to a weekly per capita cost of \$6.4281.

Receipt from sales, \$2,748.01.

Equal to a weekly per capita of \$0.0260.

All other institution receipts, \$85,653.81.

Equal to a weekly per capita of \$0.8123.

Net weekly per capita cost, \$5.5898.

Respectfully submitted,

JESSIE M. D. HAMILTON,

Treasurer.

Examined and found correct as compared with the records in the office of the Auditor of the Commonwealth.

ALONZO B. COOK,

Auditor.

STATEMENT OF FUNDS.

PATIENTS' FUND.

Balance on hand Nov. 30, 1920	\$9,340 57	
Receipts	10,115 09	
Interest	329 21	
	<hr/>	\$19,784 87
Refunded	\$8,191 09	
Interest paid to State Treasurer	329 21	
	<hr/>	8,520 30
		<hr/>
		\$11,264 57

Investment.

Worcester County Institution for Savings . .	\$2,000 00	
Worcester Five Cents Savings Bank . . .	2,000 00	
Worcester Mechanics Savings Bank . . .	2,000 00	
Peoples Savings Bank	2,000 00	
Balance Worcester Bank and Trust Company	2,996 72	
Cash on hand Dec. 1, 1921	267 85	
	<hr/>	\$11,264 57

LEWIS FUND.

Balance on hand Nov. 30, 1920	\$1,754 32	
Income	67 85	
	<hr/>	\$1,822 17
Expended for pictures, books, etc.		179 38
		<hr/>
		\$1,642 79

Investment.

American Telephone and Telegraph Company collateral trust 4 per cent bond	\$926 36	
Fourth Liberty Loan bonds	600 00	
Balance Worcester Bank and Trust Company	116 43	
	<hr/>	\$1,642 79

WHEELER FUND.

Balance on hand Nov. 30, 1920	\$6,539 00	
Income	308 82	
	<hr/>	\$6,847 82
Expended for entertainments, magazines, etc.		475 08
		<hr/>
		\$6,372 74

Investment.

American Telephone and Telegraph Company collateral trust 4 per cent bond	\$712 50	
Third Liberty Loan bonds	4,000 00	
Fourth Liberty Loan bonds	1,300 00	
Balance Worcester Bank and Trust Company	360 24	
	<hr/>	\$6,372 74

MANSON FUND.

Balance on hand Nov. 30, 1920	\$1,347 98	
Income	50 98	
	<hr/>	\$1,398 96
Expended for entertainments		120 27
		<hr/>
		\$1,278 69

Investment.

Fourth Liberty Loan bonds	\$1,100 00	
Balance Worcester Bank and Trust Company	178 69	
	<hr/>	\$1,278 69

Respectfully submitted,

JESSIE M. D. HAMILTON,

Treasurer.

Nov. 30, 1921.

N. B. — The values assigned to the above securities are their respective purchase prices.

STATISTICAL TABLES

AS ADOPTED BY AMERICAN PSYCHIATRIC ASSOCIATION

PRESCRIBED BY MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES

STATISTICAL TABLES.

TABLE 1. — *General Information.*

1. Date of opening as an institution for the insane: Jan. 18, 1833.

2. Type of institution: State.

3. Hospital plant:

Value of hospital property:

Real estate, including buildings \$2,591,169 76

Personal property 371,359 69

Total \$2,962,529 45

Total acreage of hospital property, 589.16.

Acreage under cultivation during previous year, 263.75.

4. Medical service:	Men.	Women.	Totals.
Superintendent	1	—	1
Assistant physicians	7	—	7
Medical internes	—	—	—
Dentist	1	—	1
	<hr/>	<hr/>	<hr/>
Total physicians	9	—	9

5. Employees on pay roll (not including physicians):

	Men.	Women.	Totals.
Graduate nurses	1	16	17
Other nurses and attendants	112	100	212
All other employees	78	77	155
	<hr/>	<hr/>	<hr/>
Total employees	191	193	384

6. Patients employed in industrial classes or in general hospital work on date of report .	Men.	Women.	Totals.
	543	401	944

7. Patients in institution on date of report (ex- cluding paroles)	1,051	1,042	2,093
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TABLE 2. — *Financial Statement.*

See treasurer's report for data requested under this table.

TABLE 3. — Movement of Patient Population for the Year ending Sept. 30, 1921.

	INSANE.			TEMPORARY CARE.			SANE, VOLUNTARY.			TOTAL ON BOOKS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Patients on books of institution Sept. 30, 1920	1,169	1,098	2,267	2	—	2	1	1	2	1,172	1,099	2,271
Admissions during year:												
(a) First admissions	272	174	446	11	6	17	—	—	—	283	180	463
(b) Readmissions	84	43	127	12	4	16	—	—	—	96	47	143
(c) Total admissions	356	217	573	23	10	33	—	—	—	379	227	606
(c) Transfers from other institutions for the insane	3	7	10	—	—	—	—	—	—	3	7	10
Nominally admitted for change of status	2	—	2	—	—	—	—	—	—	2	—	2
2. Total received during year	361	224	585	23	10	33	—	—	—	384	234	618
3. Total under treatment during year	1,530	1,322	2,852	25	10	35	1	1	2	1,556	1,323	2,889
Discharged from books during year:												
(a) As recovered	19	31	50	6	1	7	—	—	—	25	32	57
(b) As improved	104	50	154	3	—	3	—	—	—	107	50	157
(c) As unimproved	20	7	27	2	4	6	—	—	—	22	11	33
(d) As not insane	4	3	7	8	3	11	—	—	—	12	6	18
(e) Transferred to other institutions for the insane	10	4	14	—	—	—	—	—	—	10	4	14
(f) Died during year	137	103	240	—	—	—	1	—	1	138	103	241
(g) Nominally dismissed for change of status	—	—	—	2	—	2	—	—	—	2	—	2
4. Total discharged from books during year	294	198	492	21	8	29	1	—	1	316	206	522
5. Patients remaining on books of institution Sept. 30, 1921	1,236	1,124	2,360	4	2	6	—	1	1	1,240	1,127	2,367
<i>Supplementary Data.</i>												
6a. Average daily number of patients on books during year	1,172.61	1,107.15	2,279.76	4.06	2.24	6.30	.77	1.00	1.77	1,177.44	1,110.39	2,287.83
6b. Average daily number of patients actually in the institution during year												
7a. Average daily number of patients in family care	1,008.24	974.31	1,982.55	4.06	2.24	6.30	.77	1.00	1.77	1,013.07	977.55	1,990.62
7b. Average daily number of patients on visit and escape		24.11	24.11	—	—	—	—	—	—	—	24.11	24.11
8. Number of voluntary patients admitted during year	164	108.73	273.10	—	—	—	—	—	—	164.37	108.73	273.10
9. Number of temporary cases admitted during year	11	7	18	—	—	—	1	—	1	12	7	19
10. Number of patients actually remaining in institution Sept. 30, 1921	—	—	—	135	71	206	—	—	—	135	71	206
State	1,044	1,006	2,050	4	3	7	—	1	1	1,048	1,010	2,058
Reimbursing	971	873	1,844	4	3	7	—	1	1	975	877	1,852
Private	43	61	104	—	—	—	—	—	—	43	61	104
	30	72	102	—	—	—	—	—	—	30	72	102

[illegible]

TABLE 4. — *Nativity of First Admissions and of Parents of First Admissions.*

NATIVITY.	PATIENTS.			PARENTS OF MALE PATIENTS.			PARENTS OF FEMALE PATIENTS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
United States	131	71	202	62	57	119	26	29	55
Albania	4	-	4	4	4	8	-	-	-
Armenia	3	3	6	3	3	6	3	3	6
Austria	2	3	5	3	3	6	3	3	6
Belgium	-	-	-	1	-	1	-	-	-
Canada	25	31	56	39	44	83	30	29	59
Central America	1	-	1	-	-	-	-	-	-
China	2	-	2	3	3	6	-	-	-
Denmark	1	-	1	1	1	2	-	-	-
England	5	3	8	7	5	12	11	7	18
Finland	4	4	8	4	4	8	4	4	8
France	3	-	3	5	4	9	1	-	1
Germany	6	2	8	10	10	20	3	3	6
Greece	8	3	11	8	8	16	3	3	6
Ireland	20	24	44	39	39	78	38	39	77
Italy	12	9	21	12	12	24	10	10	20
Norway	3	-	3	3	3	6	-	-	-
Poland	8	2	10	11	11	22	2	2	4
Portugal	4	-	4	4	4	8	-	-	-
Russia	8	7	15	9	9	18	12	12	24
Scotland	5	4	9	5	6	11	6	8	14
Spain	2	1	3	2	2	4	1	1	2
Sweden	6	4	10	6	6	12	4	4	8
Switzerland	1	-	1	1	1	2	-	-	-
Syria	-	1	1	-	-	-	1	1	2
Turkey in Asia	1	-	1	1	1	2	-	-	-
West Indies	2	-	2	2	2	4	-	-	-
Total foreign born	136	101	237	183	185	368	132	129	261
Unascertained	5	2	7	27	30	57	16	16	32
Grand totals	272	174	446	272	272	544	174	174	348

TABLE 5. — *Citizenship of First Admissions.*

	Males.	Females.	Totals.
Citizens by birth	131	71	202
Citizens by naturalization	17	12	29
Aliens	119	89	208
Citizenship unascertained	5	2	7
Totals	272	174	446

TABLE 6. — *Psychoses of First Admissions.*

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic, total	1	—	1	1	—	1
(a) Traumatic delirium	—	—	—	—	—	—
(b) Traumatic constitution	—	—	—	—	—	—
(c) Post-traumatic mental enfeeblement (dementia)	1	—	1	—	—	—
(d) Other types	—	—	—	—	—	—
2. Senile, total	10	18	28	15	27	42
(a) Simple deterioration	—	—	—	—	—	—
(b) Presbyophrenic type	—	—	—	—	—	—
(c) Delirious and confused types	—	—	—	—	—	—
(d) Depressed and agitated types	—	—	—	—	—	—
(e) Paranoid types	5	9	14	—	—	—
(f) Pre-senile type	—	—	—	—	—	—
(g) Other types	—	—	—	—	—	—
3. With cerebral arteriosclerosis	—	—	—	31	15	46
4. General paralysis	—	—	—	27	7	34
5. With cerebral syphilis	—	—	—	6	2	8
6. With Huntington's chorea	—	—	—	—	1	1
7. With brain tumor	—	—	—	—	—	—
8. With other brain or nervous diseases, total	—	—	—	2	2	4
(a) Cerebral embolism	1	—	1	—	—	—
(b) Paralysis agitans	1	—	1	—	—	—
(c) Meningitis, tubercular or other forms (to be specified)	—	—	—	—	—	—
(d) Multiple sclerosis	—	—	—	—	—	—
(e) Tabes dorsalis	—	—	—	—	—	—
(f) Acute chorea	—	—	—	—	—	—
(g) Other diseases (encephalitis)	—	2	2	—	—	—
9. Alcoholic, total	—	—	—	15	6	21
(a) Pathological intoxication	—	1	1	—	—	—
(b) Delirium tremens	1	—	1	—	—	—
(c) Korsakow's psychosis	2	—	2	—	—	—
(d) Acute hallucinosis	7	3	10	—	—	—
(e) Chronic hallucinosis	2	1	3	—	—	—
(f) Acute paranoid type	—	—	—	—	—	—
(g) Chronic paranoid type	—	1	1	—	—	—
(h) Alcoholic deterioration	3	—	3	—	—	—
(i) Other types, acute or chronic	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins, total	—	—	—	2	—	2
(a) Opium (and derivatives), cocaine, bromides, chloral, etc., alone or combined (to be specified)	2	—	2	—	—	—
(b) Metals, as lead, arsenic, etc. (to be specified)	—	—	—	—	—	—
(c) Gases (to be specified)	—	—	—	—	—	—
(d) Other exogenous toxins (to be specified)	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—
12. With other somatic diseases, total	—	—	—	1	6	7
(a) Delirium with infectious diseases	—	—	—	—	—	—
(b) Post-infectious psychoses	1	3	4	—	—	—
(c) Exhaustion delirium	—	3	3	—	—	—
(d) Delirium of unknown origin	—	—	—	—	—	—
(e) Cardiorenal disease	—	—	—	—	—	—
(f) Diseases of the ductless glands	—	—	—	—	—	—
(g) Other diseases or conditions (to be specified)	—	—	—	—	—	—
13. Manic-depressive, total	—	—	—	14	18	32
(a) Manic type	3	14	17	—	—	—
(b) Depressive type	10	3	13	—	—	—
(c) Stuporous type	—	—	—	—	—	—
(d) Mixed type	1	1	2	—	—	—
(e) Circular type	—	—	—	—	—	—
(f) Other types	—	—	—	—	—	—
14. Involution melancholia	—	—	—	14	14	28
15. Dementia præcox, total	61	25	86	97	44	141
(a) Paranoid type	17	13	30	—	—	—
(b) Catatonic type	10	2	12	—	—	—
(c) Hebephrenic type	9	4	13	—	—	—
(d) Simple type	—	—	—	—	—	—
(e) Other types	—	—	—	—	—	—
16. Paranoia or paranoid conditions	—	—	—	—	—	—

TABLE 6. — *Psychoses of First Admissions* — Concluded.

PSYCHOSES.						
	Males.	Females.	Totals.	Males.	Females.	Totals.
17. Epileptic, total				2	2	4
(a) Epileptic deterioration	2	2	4			
(b) Epileptic clouded states	—	—	—			
(c) Other epileptic types (to be specified)	—	—	—			
18. Psychoneuroses and neuroses, total				3	7	10
(a) Hysterical type	—	4	4			
(b) Psychasthenic type	2	1	3			
(c) Neurasthenic type	1	2	3			
(d) Anxiety neuroses	—	—	—			
(e) Other types	—	—	—			
19. With psychopathic personality				2	—	2
20. With mental deficiency				14	7	21
21. Undiagnosed				22	14	36
22. Without psychoses, total				4	2	6
(a) Epilepsy	1	—	1			
(b) Alcoholism	—	—	—			
(c) Drug addiction	—	—	—			
(d) Psychopathic personality	3	1	4			
(e) Mental deficiency	—	1	1			
(f) Others	—	—	—			
Totals				272	174	446

TABLE 7. — *Race of First Admissions classified with Reference to Psychoses.*

RACE.	TOTAL.			PSYCHOSES.												DUE TO DRUGS AND OTHER EX- OGENOUS TOXINS.																				
	Males.	Females.	Totals.	TRAUMATIC.			SENILE.			WITH CEREBRAL ARTERIO- SCLEROSIS.			GENERAL PARALYSIS.			WITH CEREBRAL SYPHILIS.			WITH HUNTING- TON'S CHOREA.			WITH OTHER BRAIN OR NERVOUS DISEASES.			ALCOHOLIC.			Males.			Females.			Totals.		
				Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.			
African (black)	7	4	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Albanian	3	3	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Armenian	4	3	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Chinese	3	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
English	11	17	28	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Finnish	4	4	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
French	37	16	53	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
German	10	3	13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Greek	8	3	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Hebrew	3	9	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Irish	37	41	78	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Italian	12	10	22	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Lithuanian	1	2	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Portuguese	3	3	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Scandinavian	8	2	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Scottish	5	9	14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Slavonic	20	8	28	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Spanish	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Syrian	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Turkish	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Mixed	68	38	106	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Race unascertained	25	3	28	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Totals	272	174	446	1	-	1	15	27	42	31	15	46	27	7	34	6	2	8	1	1	1	2	4	15	6	21	2	-	-	2	2	-	-	-	-	

TABLE 8. — Age of First Admissions classified with Reference to Principal Psychoses.

PSYCHOSES.	TOTAL.			YEARS.																				
	Males.	Females.	Totals.	UNDER 15.			15-20.			20-25.			25-30.			30-35.			35-40.			40-45.		
				Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.			
1. Traumatic	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
2. Senile	15	27	42	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
3. With cerebral arteriosclerosis	31	15	46	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
4. General paralysis	27	7	34	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5. With cerebral syphilis	6	2	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6. With Huntington's chorea	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
8. With other brain or nervous diseases	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9. Alcoholic	15	6	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
10. Due to drugs and other exogenous toxins	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
12. With other somatic diseases	1	6	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
13. Manic-depressive	14	18	32	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
14. Involution melancholia	14	14	28	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
15. Dementia præcox	97	44	141	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
16. Paranoia or paranoid condition	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
17. Epileptic	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
18. Psychoneuroses and neuroses	3	7	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
19. With psychopathic personality	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
20. With mental deficiency	14	7	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
21. Undiagnosed	22	14	36	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
22. Without psychosis	4	2	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Totals	272	174	446	2	—	2	13	8	21	24	13	37	28	19	47	32	13	45	39	19	58	24	16	40

TABLE 9. — *Degree of Education of First Admissions classified with Reference to Psychoses.*

PSYCHOSES.	TOTAL.			ILLITERATE.			READS AND WRITES.			COMMON SCHOOL.			HIGH SCHOOL.			COLLEGE.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic	1	27	28	1	2	3	1	4	5	10	11	21	1	1	2	4	10	14	1	8	9
2. Senile	15	15	30	1	1	2	7	1	8	15	12	27	1	1	2	2	1	3	1	1	2
3. With cerebral arteriosclerosis	31	46	77	6	1	7	6	1	7	19	6	25	1	1	2	8	1	9	2	2	4
4. General paralysis	27	34	61	1	1	2	1	1	2	4	2	6	1	1	2	1	1	2	1	1	2
5. With cerebral syphilis	6	2	8	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
6. With Huntington's chorea	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
7. With brain tumor	2	2	4	1	1	2	1	1	2	2	2	4	1	1	2	1	1	2	1	1	2
8. With other brain or nervous diseases	2	6	8	1	1	2	4	1	5	9	4	13	1	1	2	1	1	2	1	1	2
9. Alcoholic	15	21	36	1	1	2	1	1	2	2	2	4	1	1	2	1	1	2	1	1	2
10. Due to drugs and other exogenous toxins	2	2	4	1	1	2	1	1	2	2	2	4	1	1	2	1	1	2	1	1	2
11. With pellagra	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
12. With other somatic diseases	1	6	7	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
13. Manic-depressive	14	18	32	1	1	2	1	1	2	11	10	21	1	1	2	2	1	3	1	1	2
14. Involution melancholia	14	14	28	1	1	2	1	1	2	12	12	24	1	1	2	2	1	3	1	1	2
15. Dementia præcox	97	44	141	3	2	5	24	5	29	49	26	75	1	1	2	20	5	25	1	2	3
16. Paranoia and paranoid condition	2	2	4	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
17. Epileptic	2	7	9	1	1	2	1	1	2	2	2	4	1	1	2	1	1	2	1	1	2
18. Psychoneuroses and neuroses	3	7	10	1	1	2	1	1	2	2	2	4	1	1	2	1	1	2	1	1	2
19. With psychopathic personality	2	2	4	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
20. With mental deficiency	14	7	21	1	2	3	3	1	4	8	4	12	1	1	2	1	1	2	1	1	2
21. Undiagnosed	22	14	36	1	2	3	4	1	5	12	6	18	1	1	2	3	1	4	1	1	2
22. Not insane	4	2	6	1	1	2	1	1	2	3	1	4	1	1	2	1	1	2	1	1	2
Totals	272	174	446	7	12	19	55	19	74	161	104	265	4	13	17	2	3	5	43	23	66

TABLE 10. — *Environment of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			URBAN.			RURAL.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic	1	—	1	1	—	1	—	—	—	—	—	—
2. Senile	15	27	42	10	24	34	5	3	8	—	—	—
3. With cerebral arteriosclerosis	31	15	46	25	15	40	6	—	6	—	—	—
4. General paralysis	27	7	34	26	7	33	1	—	1	—	—	—
5. With cerebral syphilis	9	2	11	6	2	8	—	—	—	—	—	—
6. With Huntington's chorea	—	1	1	—	1	1	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	2	2	4	1	2	3	1	—	1	—	—	—
9. Alcoholic	15	6	21	14	6	20	1	—	1	—	—	—
10. Due to drugs and other exogenous toxins	2	—	2	2	—	2	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	1	6	7	1	6	7	—	—	—	—	—	—
13. Manic-depressive	14	18	32	14	16	30	—	—	2	—	—	—
14. Involution melancholia	14	14	28	14	11	25	—	—	3	—	—	—
15. Dementia præcox	97	44	141	87	43	130	9	1	10	1	—	1
16. Paranoia or paranoid condition	—	—	—	—	—	—	—	—	—	—	—	—
17. Epileptic	2	2	4	2	1	3	—	—	1	—	—	—
18. Psychoneuroses and neuroses	3	7	10	3	6	9	—	—	1	—	—	—
19. With psychopathic personality	2	—	2	—	—	—	—	—	—	—	—	—
20. With mental deficiency	14	7	21	13	6	19	—	—	1	—	—	1
21. Undiagnosed	22	14	36	20	14	34	2	—	2	—	—	—
22. Without psychosis	4	2	6	4	2	6	—	—	—	—	—	—
Totals	272	174	446	245	162	407	25	12	37	2	—	2

TABLE 11. — *Economic Condition of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			DEPENDENT.			MARGINAL.			COMFORTABLE.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic	1	—	1	2	—	2	1	—	1	10	—	10	—	—	—
2. Senile	15	27	42	—	—	—	—	—	—	27	21	31	—	—	—
3. With cerebral arteriosclerosis	31	15	46	—	—	—	3	4	7	28	11	39	—	—	—
4. General paralysis	27	7	34	—	—	—	2	2	4	25	5	30	—	—	—
5. With cerebral syphilis	6	2	8	—	—	—	2	—	2	4	2	6	—	—	—
6. With Huntington's chorea	—	1	1	—	—	—	—	—	—	—	1	1	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic	—	2	2	—	—	—	1	—	1	1	2	3	—	—	—
10. Due to drugs and other exogenous toxins	15	6	21	—	—	—	2	2	4	13	4	17	—	—	—
11. With pellagra	2	—	2	—	—	—	—	—	—	2	—	2	—	—	—
12. With other somatic diseases	—	6	7	—	—	—	—	—	—	—	—	—	—	—	—
13. Manic-depressive	1	—	1	—	—	—	1	1	2	—	—	—	—	—	—
14. Involution melancholia	14	18	32	—	—	—	3	4	7	11	14	25	—	—	—
15. Dementia praecox	14	28	42	—	—	—	1	3	4	12	11	23	—	—	—
16. Paranoia or paranoid condition	97	44	141	5	1	6	27	6	33	65	37	102	—	—	—
17. Epileptic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	2	2	4	—	—	—	1	—	1	1	2	3	—	—	—
19. With psychopathic personality	3	7	10	—	—	—	1	—	1	2	7	9	—	—	—
20. With mental deficiency	2	—	2	2	2	4	1	4	5	1	7	8	—	—	—
21. Undiagnosed	14	7	21	—	—	—	3	3	6	18	11	29	—	—	—
22. Without psychosis	22	14	36	—	—	—	3	3	6	—	—	—	—	—	—
Totals	272	174	446	12	5	17	56	34	90	202	135	337	2	—	2

TABLE 12. — *Use of Alcohol by First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			ABSTINENT.			TEMPERATE.			INTERTEMPERATE.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
2. Senile	15	27	42	—	—	—	—	—	—	—	—	—	—	—	—
3. With cerebral arteriosclerosis	31	15	46	—	—	—	—	—	—	—	—	—	—	—	—
4. General paralysis	27	17	44	—	—	—	—	—	—	—	—	—	—	—	—
5. With cerebral syphilis	6	2	8	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	2	2	4	—	—	—	2	—	2	—	—	—	—	—	—
9. Alcoholic	15	6	21	—	—	—	—	—	—	15	6	21	—	—	—
10. Due to drugs and other exogenous toxins	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	1	6	7	—	—	—	—	—	—	—	—	—	—	—	—
13. Manic-depressive	14	32	46	—	—	—	—	—	—	—	—	—	—	—	—
14. Involution melancholia	14	18	32	—	—	—	—	—	—	—	—	—	—	—	—
15. Dementia precox	97	44	141	12	15	27	59	21	80	7	2	9	19	6	25
16. Paranoia or paranoid condition	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—
17. Epileptic	3	7	10	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	3	2	5	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	14	7	21	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	22	14	36	2	1	3	15	8	23	1	—	1	6	4	10
21. Undiagnosed	4	2	6	2	1	3	2	—	2	—	—	—	—	—	—
22. Without psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	272	174	446	25	59	84	151	78	229	32	10	42	64	27	91

TABLE 13. — *Marital Condition of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			SINGLE.			MARRIED.			WIDOWED.			SEPARATED.			DIVORCED.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic	1	27	28	1	5	6	6	3	9	7	18	25	1	1	2	1	1	1	1	1	1
2. Senile	15	42	57	3	4	7	16	7	23	12	7	19	1	1	2	1	1	1	1	1	1
3. With cerebral arteriosclerosis	31	15	46	11	1	12	14	5	19	2	1	3	1	1	2	1	1	1	1	1	1
4. General paralysis	27	7	34	2	1	3	4	1	5	1	1	2	1	1	2	1	1	1	1	1	1
5. With cerebral syphilis	6	2	8	2	1	3	4	1	5	1	1	2	1	1	2	1	1	1	1	1	1
6. With Huntington's chorea	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1
7. With brain tumor	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1
8. With other brain or nervous diseases	2	2	4	1	1	2	5	2	7	3	1	4	1	1	4	1	1	1	1	1	1
9. Alcoholic	15	6	21	6	2	8	5	4	9	1	1	2	1	1	2	1	1	1	1	1	1
10. Due to drugs and other exogenous toxins	2	2	4	2	2	4	1	1	2	3	1	4	1	1	4	1	1	1	1	1	1
11. With pellagra	2	2	4	2	2	4	1	1	2	3	1	4	1	1	4	1	1	1	1	1	1
12. With other somatic diseases	1	6	7	2	2	4	1	3	4	1	1	2	1	1	2	1	1	1	1	1	1
13. Manic-depressive	14	18	32	9	6	15	5	11	16	1	2	3	1	2	3	2	3	2	2	2	2
14. Involution melancholia	14	14	28	5	3	8	7	9	16	2	2	4	2	2	4	2	3	2	2	2	2
15. Dementia precox	97	44	141	66	26	92	22	16	38	4	2	6	4	2	6	4	2	6	4	2	6
16. Paranoia and paranoid conditions	1	2	3	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
17. Epileptic	3	7	10	2	6	8	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
18. Psychoneuroses and neuroses	3	7	10	2	6	8	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
19. With psychopathic personality	14	7	21	1	5	6	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
20. With mental deficiency	22	14	36	11	5	16	8	7	15	2	2	4	1	1	2	1	1	2	1	1	2
21. Undiagnosed	4	2	6	2	1	3	2	1	3	2	2	4	1	1	2	1	1	2	1	1	2
22. Without psychosis	4	2	6	2	1	3	2	1	3	2	2	4	1	1	2	1	1	2	1	1	2
Totals	272	174	446	140	63	203	92	72	164	31	35	66	2	2	4	6	2	8	3	1	3

TABLE 14. — *Psychoses of Readmissions.*

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic, total	-	-	-	-	-	-
(a) Traumatic delirium	-	-	-	-	-	-
(b) Traumatic constitution	-	-	-	-	-	-
(c) Post-traumatic mental enfeeblement (dementia)	-	-	-	-	-	-
(d) Other types	-	-	-	-	-	-
2. Senile, total	-	-	-	2	3	5
(a) Simple deterioration	1	1	2	-	-	-
(b) Presbyophrenic type	-	1	1	-	-	-
(c) Delirious and confused types	-	-	-	-	-	-
(d) Depressed and agitated types	-	-	-	-	-	-
(e) Paranoid types	1	1	2	-	-	-
(f) Pre-senile type	-	-	-	-	-	-
(g) Other types	-	-	-	-	-	-
3. With cerebral arteriosclerosis	-	-	-	3	-	3
4. General paralysis	-	-	-	8	3	11
5. With cerebral syphilis	-	-	-	1	-	1
6. With Huntington's chorea	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-
8. With other brain or nervous diseases, total	-	-	-	-	-	-
9. Alcoholic, total	-	-	-	4	1	5
(a) Pathological intoxication	-	-	-	-	-	-
(b) Delirium tremens	-	-	-	-	-	-
(c) Korsakow's psychosis	-	-	-	-	-	-
(d) Acute hallucinosis	2	1	3	-	-	-
(e) Chronic hallucinosis	-	-	-	-	-	-
(f) Acute paranoid type	1	-	1	-	-	-
(g) Chronic paranoid type	-	-	-	-	-	-
(h) Alcoholic deterioration	1	-	1	-	-	-
(i) Other types, acute or chronic	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins, total	-	-	-	-	-	-
(a) Opium (and derivatives), cocaine, bromides, chloral, etc., alone or combined (to be specified)	-	-	-	-	-	-
(b) Metals, as lead, arsenic, etc. (to be specified)	-	-	-	-	-	-
(c) Gases (to be specified)	-	-	-	-	-	-
(d) Other exogenous toxins (to be specified)	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-
12. With other somatic diseases, total	-	-	-	-	-	-
(a) Delirium with infectious diseases	-	-	-	-	-	-
(b) Post-infectious psychosis	-	-	-	-	-	-
(c) Exhaustion delirium	-	-	-	-	-	-
(d) Delirium of unknown origin	-	-	-	-	-	-
(e) Cardiorenal disease	-	-	-	-	-	-
(f) Diseases of the ductless glands	-	-	-	-	-	-
(g) Other diseases or conditions (to be specified)	-	-	-	-	-	-
13. Manic-depressive, total	-	-	-	14	10	24
(a) Manic type	6	8	14	-	-	-
(b) Depressive type	7	2	9	-	-	-
(c) Stuporous type	-	-	-	-	-	-
(d) Mixed type	1	-	1	-	-	-
(e) Circular type	-	-	-	-	-	-
(f) Other types	-	-	-	-	-	-
14. Involution melancholia	-	-	-	1	2	3
15. Dementia præcox, total	-	-	-	33	16	49
(a) Paranoid type	16	10	26	-	-	-
(b) Catatonic type	7	3	10	-	-	-
(c) Hebephrenic type	6	3	9	-	-	-
(d) Senile type	4	-	4	-	-	-
(e) Other types	-	-	-	-	-	-
16. Paranoia or paranoid conditions	-	-	-	-	-	-
17. Epileptic, total	-	-	-	2	1	3
(a) Epileptic deterioration	1	-	1	-	-	-
(b) Epileptic clouded states	1	1	2	-	-	-
(c) Other epileptic types (to be specified)	-	-	-	-	-	-

TABLE 14. — *Psychoses of Readmissions* — Concluded.

PSYCHOSES.	Males.	Females.	Totals.		Males.	Females.	Totals.
18. Psychoneuroses and neuroses, total					1	-	1
(a) Hysterical type							
(b) Psychasthenic type							
(c) Neurasthenic type	1	-	1				
(d) Anxiety neuroses	-	-	-				
(e) Other types	-	-	-				
19. With psychopathic personality					1	2	3
20. With mental deficiency					6	2	8
21. Undiagnosed					6	2	8
22. Without psychosis, total					2	1	3
(a) Epilepsy							
(b) Alcoholism							
(c) Drug addiction							
(d) Psychopathic personality	1	-	1				
(e) Mental deficiency	1	1	2				
(f) Others	-	-	-				
Totals					84	43	127

TABLE 15. — Discharges of Patients classified with Reference to Principal Psychoses, and Condition on Discharge.

PSYCHOSES.	TOTAL.			RECOVERED.			IMPROVED.			UNIMPROVED.			NOT INSANE.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
2. Senile	7	1	8	—	—	—	7	—	7	—	—	—	—	—	—
3. With cerebral arteriosclerosis	6	2	8	—	—	—	9	—	9	—	—	—	—	—	—
4. General paralysis	1	—	1	—	—	—	—	—	—	1	—	1	—	—	1
5. With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	1	—	1	—	—	1
8. With other brain or nervous diseases	14	3	17	1	3	4	11	—	11	2	—	2	—	—	2
9. Alcoholic	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	18	21	39	15	17	32	2	3	5	1	1	2	—	—	—
13. Manic-depressive	—	9	13	3	5	8	56	30	86	9	1	10	—	—	—
14. Involution melancholia	65	31	96	—	—	—	—	—	—	—	—	—	—	—	—
15. Dementia precox	—	2	2	—	—	—	2	1	3	—	—	—	—	—	—
16. Paranoia or paranoid condition	2	6	8	—	—	—	3	3	6	2	—	2	—	—	—
17. Epileptic	5	6	11	—	1	1	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	3	3	6	—	—	—	3	3	6	2	—	2	—	—	—
19. With psychopathic personality	8	1	9	—	1	1	6	6	6	2	—	2	—	—	—
20. With mental deficiency	7	5	12	—	—	—	5	5	10	—	—	—	4	3	7
21. Undiagnosed	4	3	7	—	—	—	—	—	—	—	—	—	—	—	—
22. Without psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	147	91	238	19	31	50	104	50	154	20	7	27	4	3	7

TABLE 16. — *Causes of Death of Patients classified with Reference to Principal Psychoses — Concluded.*

CAUSE OF DEATH.	PSYCHOSES.																										
	MANIC-DEPRESSIVE.			INVOLUTION MEL-ANCHOLIA.			DEMENTIA PRÆCOX.			PARANOIA OR PARANOID CONDITION.			EPILEPTIC.			PSYCHO-NEUROSES AND NEUROSES.			WITH PSYCHOPATHIC PERSONALITY.			WITH MENTAL DEFICIENCY.			UN-DIAGNOSED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.			
<i>General Diseases.</i>																											
Influenza																											
Multiple abdominal abscesses																											
Arthritis deformans																											
Gangrene of left leg																											
Purpura hemorrhagica																											
Pernicious anemia																											
Septicæmia following infection of left leg																											
Exhaustion due to manic-depressive insanity	2	2																									
Carcinoma of breast																											
<i>Diseases of the Nervous System.</i>																											
Encephalitis																											
Epidemic encephalitis																											
Cerebral hemorrhage																											
General paralysis of the insane																											
Cerebrospinal syphilis																											
Tuberc dorsalis																											
Status epilepticus																											
Tubercular meningitis																											
<i>Diseases of the Circulatory System.</i>																											
Cardiovascular-renal disease	3	3																									
Arteriosclerosis																											
Cerebro arteriosclerosis																											

TABLE 17. — Age of Patients at Time of Death classified with Reference to Principal Psychoses.

PSYCHOSES.	TOTAL.			YEARS.																				
	Total.			UNDER 15.			15-20.			20-25.			25-30.			30-35.			35-40.			40-45.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.			
1. Traumatic	15	29	44	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
2. Senile	36	14	50	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
3. With cerebral arteriosclerosis	38	8	46	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
4. General paralysis	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
5. With cerebral syphilis	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
6. With Huntington's chorea	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
8. With other brain or nervous diseases	15	5	20	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
9. Alcoholic	15	2	17	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
11. With pellagra	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
12. With other somatic diseases	5	4	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
13. Manic-depressive	1	4	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
14. Involution melancholia	17	26	43	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
15. Dementia præcox	3	1	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
16. Paranoia or paranoid condition	3	1	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
17. Epileptic	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
18. Psychoneuroses and neuroses	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
19. With psychopathic personality	2	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
20. With mental deficiency	1	4	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
21. Undiagnosed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
22. Without psychosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Totals	137	103	240	-	-	-	1	1	2	3	4	8	5	5	10	9	3	12	10	6	16			

TABLE 19. — *Family-care Department.*

	Males.	Females.	Totals.
Remaining Sept. 30, 1920	—	25	25
Admitted within the year	—	10	10
Nominally returned from visit for discharge	—	1	1
Whole number of cases within the year	—	36	36
Dismissed within the year	—	14	14
Returned to the institution	—	10	10
Discharged	—	—	—
Died	—	2	2
Visit	—	2	2
Escaped	—	—	—
Remaining Sept. 30, 1921	—	22	22
Supported by State	—	13	13
Private	—	5	5
Self-supporting	—	4	4
Number of different persons within the year	—	31	31
Number of different persons admitted	—	6	6
Number of different persons dismissed	—	12	12
Daily average number	—	24.11	24.11
State	—	15.36	15.36
Private	—	4.75	4.75
Self-supporting	—	4.00	4.00

OFFICERS OF THE WORCESTER STATE HOSPITAL.

BOARD OF TRUSTEES.

JOHN G. PERMAN, D.D.S.	Worcester.
LUTHER C. GREENLEAF	Boston.
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MAE CARLSON BEMIS	Spencer.
WILLIAM J. DELAHANTY, M.D.	Worcester.
EDWARD F. FLETCHER, <i>Chairman</i>	Worcester.
HOWARD D. COWEE	Worcester.

MEDICAL STAFF.

WILLIAM A. BRYAN, M.D.	<i>Superintendent.</i>
— — — — —	<i>Assistant Superintendent.</i>
— — — — —	<i>Director, Clinical Psychiatry.</i>
MICHAEL J. O'MEARA, M.D.	<i>Senior Assistant Physician.</i>
LEON E. DUVAL, M.D.	<i>Senior Assistant Physician.</i>
GEORGE A. GAUNT, M.D.	<i>Senior Assistant Physician.</i>
CLARENCE A. WHITCOMB, M.D.	<i>Senior Assistant Physician.</i>
	<i>(Pathologist).</i>
MERVIN FOSSNER, M.D.	<i>Assistant Physician.</i>
MANLEY B. ROOT, M.D.	<i>Assistant Physician.</i>
JOHN SAUCIER, M.D.	<i>Assistant Physician.</i>
HENRY P. WEYLER, M.D.	<i>Assistant Physician.</i>
JOHN P. POWERS, M.D.	<i>Assistant Physician.</i>
LOUIS PARÉ, M.D.	<i>Assistant Physician.</i>
— — — — —	<i>Assistant Physician.</i>
LLOYD E. BYRD, D.D.S.	<i>Dentist.</i>

VISITING STAFF.

ERNEST L. HUNT, M.D.	}	. . . . .	<i>Surgeons.</i>
JOHN F. CURRAN, M.D.			
C. J. BYRNE, M.D.			
M. M. JORDAN, M.D.	}	. . . . .	<i>Neurologists.</i>
BENJAMIN T. BURLEY, M.D.			
WILLIAM F. HOLZER, M.D.			
FRANK E. STOWELL, M.D.		. . . . .	<i>Ophthalmologist.</i>
JOHN W. O'MEARA, M.D.		. . . . .	<i>Electro-therapist.</i>
PHILLIP H. COOK, M.D.		. . . . .	<i>Orthopedist.</i>
		. . . . .	<i>Roentgenologist.</i>

HEADS OF DEPARTMENTS.

FLORENCE M. WOOLDRIDGE, R.N.	<i>Superintendent of Nurses and</i>
	<i>Principal of Training School.</i>
MAURICE SCANNELL	<i>Supervisor, Male Department.</i>
JESSIE M. D. HAMILTON	<i>Treasurer.</i>
HERBERT W. SMITH	<i>Steward.</i>
LILLIAN G. CARR	<i>Matron.</i>
JOSEPH REYNOLDS	<i>Head Farmer.</i>
JAMES DICKISON, Jr.	<i>Chief Engineer.</i>
ANTON SWENSON	<i>Foreman Mechanic.</i>
MAUDE ROSE	<i>Head Occupational Therapist.</i>

The Commonwealth of Massachusetts

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

The trustees of the Worcester State Hospital respectfully submit the ninetieth report of the hospital, appending a record of the various departments as reported by the Superintendent, Dr. William A. Bryan, also by the Treasurer, Miss Jessie M. D. Hamilton.

During the year the Honorable John E. White resigned from the Board of Trustees and Attorney Howard W. Cowee was appointed to fill the vacancy.

The trustees have studied the needs of both the Belmont and Summer Street Hospitals and urgently request that additional funds be provided to meet the demands of the State and City inspectors, which requirements are specified in the superintendent's report.

We feel assured that the past year has shown a greater development in the surgical and medical departments of both hospitals than was ever developed in any previous year. The splendid medical and surgical organizations established by Dr. Bryan is worthy of great consideration. The trustees heartily co-operate with the superintendent in the recommendations embodied in his report, knowing that same has been well thought out.

It is with a source of great pride that we mention the splendid progress made in the medical field. The organizing of a consulting staff composed of well known Worcester physicians guiding each specialty; by means of increased facilities for diagnosis and treatment, the patients at this hospital have been greatly benefited and physical ailments alleviated. The relief of physical distress aids greatly in mental recuperation.

MEDICAL OFFICE.

During the last year the medical office has been completely renovated, filing cabinets have been added and a dictaphone room provided. The comfort and convenience plus the pleasant situation of this room greatly aids the physicians in their daily work.

LIBRARY.

Among the other attractive changes is that of the library, which has been transferred to a large spacious and sunny room with 1,500 volumes readily accessible. Adjoining is the medical library where all the new works on medicine are available. The patients who are unable to attend the library are supplied daily with books on the ward.

DECORATIONS.

Over 1,000 new pictures have been placed on the wards.

We are of the firm belief that our superintendent, Dr. Bryan, has given his utmost consideration to every department, working beyond his strength in order to promote the best welfare of every inmate confined in both institutions.

Respectfully submitted,

EDWARD F. FLETCHER.
HOWARD W. COWEE.
JOHN G. PERMAN.
LUTHER C. GREENLEAF.
CAROLINE M. CASWELL.
WILLIAM J. DELAHANTY.

SUPERINTENDENT'S REPORT.

To the Trustees of the Worcester State Hospital.

I herewith respectfully submit the following report of the Hospital for the year ending Nov. 30, 1922, it being the ninetieth annual report.

There remained on the Hospital books October 1, 1921, 2,367 patients, 1,240 men, and 1,127 women. During the year ending Sept. 30, 1921, there were admitted 611 patients — 347 men and 264 women. Five hundred and sixty-six patients — 326 men and 240 women, were discharged from the hospital. Of this number, 301 patients, 178 men and 123 women — were discharged; 222 patients — 122 men and 100 women — died; and 43 patients — 26 men and 17 women — were transferred, leaving at the end of the statistical year 2,451 patients — 1,273 men and 1,178 women. Two thousand and seventeen patients — 1,018 men and 999 women — were actually in the hospital. Of this number 1,833 were supported by the State, 93 by friends, and 91 as re-imbursing patients. Of the patients discharged, 31 were reported as recovered, 160 as improved, and 64 not improved. Forty-one patients — 27 men and 14 women — were discharged as not insane. Twenty men and ten women were transferred by the Department of Mental Diseases to the Gardner State Colony; 2 men and 2 women to the State Infirmary; 1 man and 2 women to the Boston State Hospital; 1 man to Dr. Channing's Sanitarium; 1 man to Herbert Hall; 1 man to the Bridgewater State Hospital; 1 woman to Dr. Ring's Sanitarium; and 1 woman to the Monson State Hospital. Twenty-two men and 9 women were removed from the State, and 21 men and 14 women were deported.

There remained in the hospital at the end of the year 37 less patients than at the beginning. The smallest number under treatment on any day was 2,040 patients, and the largest 2,110. The daily average was 2,029.46.

The percentage of recoveries, calculated upon the number of discharges and deaths, was 5.45, calculated upon the number of admissions, 5.07. The death rate was 7.3, calculated on the whole number of patients under treatment, and 10.9, calculated on the daily average number.

EX-SERVICE MEN.

During the year, there were 61 ex-service men committed to the hospital, 5 returned from trial visits, and 14 returned from escape. Thirty-three went out on a year's trial visit, 22 left the hospital without permission, 4 died, 5 were transferred to other hospitals for the insane, and 13 were discharged. On September 30th there were 50 ex-service men remaining in the institution.

The American Legion has aided us in making the lot of our ex-service men more comfortable by entertainments and by the regular visitations of a committee designated for this duty. They have further helped to obtain work for several patients and made it possible for them to return to their homes and once more take up their usual duties. The Disabled American Veterans have provided entertainments and have personally escorted large groups of our ex-service men to amusements and suppers in the city. The Red Cross have cheerfully from time to time rendered valuable aid.

Grateful acknowledgment is made to the Societies who have contributed gifts to our ex-service men during the year, and provided splendid entertainments at frequent intervals.

GENERAL HEALTH OF THE POPULATION.

The general health of the institution for the past year has been unusually good. I would mention, however, the accidental death by burning of a crippled patient at the Summer Street Department who fell into a bon-fire and who died despite immediate removal and treatment. Also a female patient at the Summer Street Department terminated her life by suicide. She was found hanged to death, by the Night Supervisor, in the water section. A male patient, who for years had had the freedom of the grounds, made his way to the Lake, weighted his pockets with stones and jumped into the Lake. His body was recovered, and the Medical Examiner attributed the cause of death to drowning. Two other cases of sudden death were also reported, and the causative factors determined as self-inflicted.

On September 28th, during fire-drill, an elderly patient fell down stairway and fractured a cervical vertebra, which caused death. An operative case died from ether narcosis, following an operation.

There have been no epidemic diseases occurring among the patients or employees.

PRINCIPAL CAUSES OF DEATHS.

Twenty-six per cent of all deaths were due to general arteriosclerosis; 14 per cent to general paralysis of the insane; 8 per cent due to cardio-vascular-renal disease, and 5 per cent each to chronic myocarditis, broncho pneumonia and pulmonary tuberculosis.

STAFF CHANGES.

The following changes have taken place on the medical staff of the hospital: —

Resignations.

George F. Caldicott, M.D., resigned February 14, 1922, to accept internship at Worcester City Hospital.

Franklyn P. Bousquet, M.D., resigned March 15, 1922, to internship at the Worcester City Hospital.

Harrison M. Stewart, M.D., resigned March 25, 1922, to return to United States Public Health Service, at Greenville, N. C.

E. Gwynne Merriweather, M.D., resigned May 1, 1922, to accept a position elsewhere.

Robert B. Harriman, M.D., a physician of very kindly disposition, and extremely thoughtful of his patients and associates, passed away June 5, 1922.

Claude Girardeau, M.D., resigned June 30, 1922, to accept a position elsewhere.

Clarence A. Bonner, M.D., resigned October 14, 1922, to accept a position as Assistant to the Commissioner of the Department of Mental Diseases.

Henry J. Emanuel, M.D., resigned October 30, 1922, to accept a position elsewhere.

Appointments.

Clarence A. Whitcomb, M.D., was appointed Senior Assistant Physician (Pathologist) February 2, 1922.

Mervin Fossner, M.D., was appointed Assistant Physician March 16, 1922.

E. Gwynne Merriweather, M.D., was appointed Assistant Physician March 29, 1922.

Claude Girardeau, M.D., was appointed Assistant Physician May 15, 1922.

Manley B. Root, M.D., was appointed Assistant Physician May 23, 1922.

Henry J. Emanuel, M.D., was appointed Assistant Physician June 12, 1922.

John Saucier, M.D., was appointed Assistant Physician August 1, 1922.

Louis Paré, M.D., was appointed Assistant Physician September 1, 1922.

John P. Powers, M.D., was appointed Assistant Physician September 15, 1922.

Henry P. Weyler, M.D., was appointed Assistant Physician November 13, 1922.

STUDENT INTERNES.

I am desirous of reporting splendid work done by our internes during the past summer. Lectures were given by various staff members and each interne prepared a thesis upon the subject which proved to be the most interesting to him. One of these has been published in the Boston Medical and Surgical Journal.

The following students served as internes during the past summer:—

Merrill R. Fox	Johns Hopkins University.
Charles E. Futch	University of Michigan.
A. Dale Kirk	University of Michigan.
John F. Sander	University of Michigan.
Esther Closson	Women's Medical College.
Helen F. Shrack	Women's Medical College.
Omins Von Ostrum (Dental)	Harvard Dental School.

MEDICAL ROUTINE.

The usual physical examinations, Wassermann tests and the typhoid-prophylaxis have been practiced and in addition each new patient and many of the old patients have had the eyes tested and a complete examination of the nose, throat and ears, and abnormal conditions found have been treated. The staff meetings have been held regularly and the staff luncheons continued.

A new system of case work has been inaugurated with an efficient manner arranged for preparing of notes and general case formation. The medical work has been increased and enlarged to the point where a full staff is kept fully employed. The operating room is active daily and consulting specialists in surgery, ophthalmoscopy, electrotherapy, orthopedics and Roentgenology have been appointed. This has aided us greatly in a more thorough preparation of cases and has shown a greatly increased number of physical defects which ordinarily would not have been noted and which have been studied in relation to the psychoses. The operating room equipment has been largely increased by the purchase of needed instruments. A static machine has been installed and has been found useful. The surgical service has worked out very nicely and each Saturday finds a number of operative cases ready. The visiting staff is apportioned to certain hours of each week and they have faithfully co-operated with us and we feel that the medical tone of the institution has been raised to the point where the patients are now receiving the benefits of the most modern and progressive methods.

Hydrotherapy.—Hydrotherapy has occupied a very prominent place in our treatment and records show that the results on the whole from this measure are very important.

Calisthenics.—Occupational Therapy and habit training—The Occupational Department has been increased by the addition of some very excellent workers who have established ward classes with the result that wards, especially on the female side, formerly very noisy, active and destructive, present a changed appearance. The patients, despite very active mental disturbances, enjoy this teaching. Calisthenics and also classes on the male side, have been continued and from time to time, as circumstances permitted, re-educational classes of the illiterate have been maintained.

MEDICAL REPORT.

Examination of the Blood.—Routine examinations of 279 R. B. C. and Hemoglobin Tests by Dare and Tallquist methods show the average Red Count to be 4,471,000 and the average Hemoglobin reading 81.6 per cent. A Red Count should be done on all cases where the Hemoglobin is below 81 per cent. The highest cell count was 6,350,000 and the lowest 1,500,000.

Report of the Ophthalmic Service.—In conjunction with the special service recently established an Ophthalmic Service has been organized under the direction of Dr. William F. Holzer. The aim of the service is to examine routinely the eyes of

every new patient and to prescribe treatment as indicated. Through the arrangement accurate refraction is done and glasses procured at a minimum cost. A new electro-ophthalmoscopic and trial case has recently been added to this equipment. This service has been of great usefulness:

List of Cases treated.

Sebaceous cysts of lid	1
Inflammation of conjunctiva	7
Cataract of lens:	
Mature	5
Incipient	1
Glaucoma:	
Chronic	2
Simple	1
Divergence of eyeball	3
Complete blindness	1
Optic atrophy	1
Plastic iritis	1
Trachoma	1
Staphyloma of cornea	2
Paralysis of eye muscles	1
Districhiasis	1
Impaired vision, necessitating glasses	32
Patients examined but not needing glasses	22

X-Ray Examinations of the Teeth. — The following conditions are revealed by X-ray examinations of the teeth: Frequently roots are entirely covered by gum tissue and often abscesses are concealed in this way. Cystic areas in bone are shown and many impacted molars have been revealed. The removal in many cases of this abnormality has resulted in a great deal of relief from a painful and irritating condition.

The following is the dental record:

Number of patients	3,630
Cleaning	3,164
Filling	2,043
Plates	27
Treatment	131
Teeth extracted	2,639
Repair of plates	24
Impacted teeth removed	37

Report of the X-Ray Department. — It is an obvious fact that the clinician, and since the last decade, the alienist, are gradually getting more dependent upon the X-Ray, and, as a matter of fact, their co-operation has proved to be mostly successful. Let us illustrate with a few examples:

In bone and abdominal surgery I would venture to say that in almost all cases a skiagraph is indispensable and, in fact, is ordered by the surgeon; on the other hand, in the presence of an early history of coughing, or slight thoracic pains, at that stage when both the stethoscope and the laboratory are unable to decipher the mystery, who is the internist who shall refuse the powerful help of the Roentgen rays to unravel the intricacies of his problem?

Even in our apparently limited domain of Psychiatry we have understood the necessity of possessing a department of Roentgenology, because both our surgical and medical clinics were in need of this valuable element of diagnosis.

The following figures are a demonstration of what we have done last year (November 30, 1921 to November 30, 1922).

Ankle exposures	14
Arm	4
Chest	16
Foot	6
Gastro-intestinal	7
Hand	28

Hip	12
Humerus	2
Jaw	7
Knee	6
Nose exposures	1
Leg	9
Neck	1
Pelvis	1
Shoulder	9
Spine	7
Skull	62
Wrist	7
Thigh	3
Rib	3
Colon	2
Clavicle	2
Total skiagraphs	227

SURGICAL REPORT, DECEMBER 1, 1921, TO DECEMBER 1, 1922.

The Hospital is now able to give the best of surgical treatment to patients and employees. The operating room is fully equipped and is functioning in a very satisfactory manner. Operations of choice are done Saturday of each week; emergencies are met as they arise. The organization of the surgical department is as follows:

1. Visiting Staff: Two consulting surgeons and four visiting surgeons.
2. House Staff: One member of the hospital staff. These men serve in rotation, the service in each case being three months.
3. Nurse in charge of the operating room.

Surgical cases are cared for in the hospital wards and complete clinical records are kept. All specimens removed at operation are submitted to the laboratory for examination. Full reports of the operation, clinical course and pathological reports are filed in the case records of the patients.

During the fiscal year fifty operations have been performed. Cure of the surgical condition has been secured in thirty-three cases; improvement has been secured in three cases; no improvement was secured in fourteen cases. No deaths have occurred which can be accounted for in any way in connection with the surgical condition.

Report of Surgical Operations.

Vaginal repair	3
Inguinal herniotomy	10
Gastroenterostomy	1
Circumcision	1
Excision of Sebaceous cyst	2
Hemorrhoidectomy	3
Ventral Herniotomy	4
Resection of prolapsed rectum	2
Fixation of uterus	2
Hysterectomy	1
Vaginal hysterectomy	1
Incision of abscess	2
Appendectomy	4
Cholecystectomy	1
Excision of lipoma	2
Incision of carbuncle	1
Lengthening of spermatic cord	1
Excision of fibroma	1
Amputation of leg	1
Gastrotomy	1
Thyroidectomy	1
Ligation of superior thyroid artery	2
Radical cure of hydrocele	1
Dilatation and curettage	1
Salpingectomy	1

REPORT OF THE OUT-PATIENT CLINICS.

There are at present two separate and distinct clinics. One is the neuro-psychiatric clinic at the Summer Street Department, and consists largely of consultation work. The other is the School Clinic, for the examination of retarded school children, and is a traveling clinic operating over a fairly large territory.

From December 1, 1921, to November 30th, inclusive, the Summer Street Clinic examined one hundred and twenty-two cases. No arithmetical or statistical data will be given, as it is thought that a review of the types of cases seen, sources of inflow to the clinic, and results obtained is more in order in this report.

Sources of inflow were Courts (particularly juvenile), welfare organizations, (Girls' Welfare Society, Children's Friendly Society, Jewish Welfare Society), other hospitals and their dispensaries, private physicians, interested relatives and individuals who come on their own initiative, District and School Nurses also sent many cases. The largest number of cases from any one source were those of the Girls' Welfare, who send all of their cases routinely, and studies of the subsequent histories of these girls have shown that the Clinic has helped materially in understanding their difficulties and helping them in making their readjustments.

Types of cases were many and varied. Two cases are cited as follows:

1. Adolescent boy, brought by court officer. Charged with indecent exposure. Found to be case of adolescent maladjustment. Recommend removal from school and hard physical labor. One year later, no repetition of offence, adjusting well.

2. Girl, 18, brought by sister. Hebephrenic Dementia Præcox. Committed to State Hospital.

These cases could be multiplied indefinitely, but space forbids. We will pass on to the School Clinic work, carried on at the request of and in co-operation with the State Department of Education. Two hundred and seventy children were examined between December 1, 1921, and November 30, 1922, inclusive. The work began in the early part of November, 1921, and approximately three hundred children have been studied to date. One full day per week, during the school year, is given to this work, which is carried on by one physician, one psychologist, and two social workers, together with assistance from school and district nurses, in the various localities where the clinics were held. An average of ten to twelve cases were examined each clinic day. The clinics are a part of a Statewide survey of backward school children, and the examinations are required by a recently-enacted State law. The children range from six to sixteen years of age chronologically, and we have found a range of mental ages from two and a half or three years up to normal. Some of the "retarded" children are found to be cases of maladjustment, due to physical disease, unwholesome environment, language difficulties (in foreigners) etc. In one town, out of twenty-one children selected as being backward in school, eighteen were found to have almost no knowledge of the English language. Physical disease as a basis for retardation was commonly found, and endocrine disease has been found in a number of well-marked cases.

REPORT OF THE SOCIAL SERVICE DEPARTMENT.

To the Superintendent.

The report of the Social Service Department for the year ending November 30, 1922, is herewith submitted. During the year there has been no change in the Social Service staff, which consists of two workers.

Some of the functions of the department are to contribute data relative to the cases of patients, to the physician, which may aid in their diagnostic work, to study outside conditions which will help in the placing of patients in the community, to visit patients who have left the hospital and aid them, if necessary, in securing financial help or employment and making known to them the educational and recreational opportunities of the community. Encouraging, helping, adjusting and advising constitute the four-fold work in the homes of the patients. We aim to bring the hospital and community into closer relationship for the benefit of the patients.

TABLE A. — *Sources of New Cases.*

	Males.	Females.	Totals.
Referred by physicians	121	136	257
Referred by agencies or hospitals	60	13	73
Referred by friends of patient	3	4	7
Referred by initiative of patient	2	3	5
Selected by social worker	15	22	37
	201	178	379

One hundred and eighty-four visits were made to patients who are on visit from the hospital and 178 to relatives during the year. There were at the beginning of the year 25 patients boarded by the hospital in families and at the close of the year 23 were in family care. The visits paid to this group of patients during the year was 110. 11 boarding homes were investigated, 7 proved satisfactory and 2 were unsuitable. 226 interviews were held for some definite purpose with patients on the ward.

In April, 1922, in an effort to do some constructive work with the younger girls on the wards, a Camp Fire group was started with Mrs. Mary Howgate Caldicott as guardian and Miss Maude H. Rose, Occupational Therapist, as assistant. The National organization authorized and chartered a group of 12 — giving the guardian the privilege of having a list of prospective members from whom they could draw when the mental condition of a regular member did not warrant her participation in the group activities. Due to the constant shifting it has been impossible to build up the correct esprit de corps but it is hoped that this lack will become less of an obstacle in time. For group activities, the greatest amount of time has been given to out of door work. During the winter group attention will be focussed on music and handicraft. It is our aim to make the organization a more valuable therapeutic agent for patients eligible for membership.

Often through the efforts of the Social Workers there is a changed attitude of the community towards the hospital and a better understanding of hospital methods and purposes. By invitation, we have spoken at the meetings of three organizations explaining our work. The senior worker has given a series of four lectures in Social Work to the seniors in the Nurses Training School.

In closing the report the department wishes to thank the outside agencies for their aid in supervising patients on visit and their help in various ways. We are also glad for the spirit of co-operation given us by other departments of the hospital and we are grateful to the physicians for their advice and interest in our work.

Respectfully submitted,

JENNIE A. HARRINGTON,
Social Worker.

REPORT OF LABORATORY WORK DURING THE YEAR 1922.

During the year 1922 the Laboratory has co-operated in a more intensive study of the physical conditions of the individual patient rather than the study of any particular disease process. This has included routine examination of all cases admitted to the Hospital. The counting of red blood corpuscles and hemoglobin determination have, during the past nine months, been routine on all admissions.

During the earlier part of the year a large portion of the time was consumed in the process of rehabilitation which has included the re-organization and increase of the Laboratory staff and in the purchase of new equipment resulting in a substantial increase in the scope of the Laboratory work.

During the summer a Benedict metabolism apparatus was purchased by the Hospital and this method of study is now available to the clinical staff. Trouble has been experienced in obtaining sufficient co-operation on the part of the patient to ensure correct determinations.

Bacteriological examination of the granulomata attached to the roots of extracted teeth has been made in all suitable cases. In the majority of these no growth on

culture media has been obtained but saprophytic bacteria has been found. In cases showing pathogenic bacteria vaccines have been made.

Supplies are now at hand and preparatory work is in progress for a quantitative chemical determination of the more important constituents of the blood. This form of examination will be available for the use of the clinical staff in the near future.

The Laboratory is also being equipped to do Wassermann examination of the blood for the detection of syphilis and other serological procedures.

The staff of the Laboratory has also assisted in the clinical examination and treatment of cases. This work has included ear, nose, throat and ophthalmoscopic examination and the treatment of patients infected with syphilis.

The following report shows the number of Laboratory examinations made during the year 1922.

Autopsies	48
Blood counts, red	396
Hemoglobin determinations	396
Blood cultures	6
Blood groupings	8
Bacteriological cultures	54
Bacteriological smears	75
Gastric analysis	5
Determination of metabolic rate	68
Renal functions (phenolphthalein)	86
Sputums	43
Spinal fluid examinations	88
Lange colloidal gold examinations (sp. Fl.)	76
Shick tests	3
Vaccines	15
Urinalysis	694
Widal	2
Microscopic sections	157

RELIGIOUS SERVICES.

Religious services have been held regularly each Sunday at both the main hospital and the Summer Street Department for our Catholic, Protestant and Jewish patients. Response to sick calls and the rites of their religion to the dying have been faithfully made by members of the clergy.

REQUIREMENTS.

The hospital refrigerator is not satisfactory, and because of the antiquated ice box method of storage there is a loss in food stuffs. This could be eliminated by an up-to-date refrigerating plant. I would call attention to the advisability of a congregate dining room in which food could be served much more efficiently and in a more pleasing manner to the patients.

The recent fire in the Manhattan State Hospital causes us to mention with emphasis the necessity of altering our seven wooden staircases, which increase the danger greatly in the event of fire; also the need of a sprinkler system both in the main building and at Summer Street and certain new fire escapes.

A general store house to care for the large purchase receipts is quite necessary since the establishment of the new purchasing department and should be given careful consideration. Last year the hospital avenue was made very satisfactory by special preparation, but the hard winter will necessitate further work on this roadway.

Again more attention will have to be given the trees on the grounds which were injured so badly in the ice storm of 1921.

On the Phillips Wards of the female side new plumbing is needed to replace the old and antiquated style now in use. New plumbing and reconstruction is needed at the Summer Street Department to properly prepare the hydrotherapy department for the proposed new function of this institution. New regulators to control the inflow of hot water in the hydrotherapeutic department is recommended.

PROJECTS COMPLETED.

Apart from the minor repairs, alterations and usual new constructions, the following projects have been completed:

The basement on the female side has been cemented, a new cement floor made in the garage. The store rooms have been rebuilt and a new system inaugurated. Many of the wards have been renovated and painted. Development of the land at the lake corner has begun and a new stone wall started. The main building has been partly rescreened. At the Summer Street Department much repairing and ward renovating has been carried out, also new plumbing and floor relaying has been done.

Thanks are due to the following physicians for their aid in preparing the special parts of this report: Drs. Duval, Gaunt, Whitcomb, Fossner, Root, Saucier and Weyler, and to Miss Harrington for the Social Service Report.

I desire to express my gratitude to the Board of Trustees for the splendid co-operation and support given me during the year. They have at all times been ready and willing to render valuable advice and assistance and have given freely of their time and counsel. In addition I take this opportunity of making public acknowledgment of the interest and excellent support given me by the officers and employees of the hospital.

WILLIAM A. BRYAN,
Superintendent.

Nov. 30, 1922.

VALUATION.

Nov. 30, 1922.

REAL ESTATE.

Land (589 acres)	\$416,357 00
Buildings	2,170,623 53
	<u>\$2,586,980 53</u>

PERSONAL PROPERTY.

Travel	\$8,472 09
Food	12,999 66
Clothing and materials	32,924 58
Furnishings and household supplies	235,902 92
Medical and general care	21,864 55
Heat, light and power	26,166 31
Farm	25,910 60
Garage, stable and grounds	12,420 79
Repairs	16,107 67
	<u>\$392,769 17</u>

SUMMARY.

Real estate	\$2,586,980 53
Personal property	392,769 17
	<u>\$2,979,749 70</u>

TREASURER'S REPORT.

To the Department of Mental Diseases.

I respectfully submit the following report of the finances of this institution for the fiscal year ending November 30, 1922:—

CASH ACCOUNT.

Balance December 1, 1921	\$21,032 72
------------------------------------	-------------

Receipts.

Income.

Board of inmates:		
Private	\$39,418 52	
Reimbursements, insane	46,075 97	
	\$85,494 49	
Personal services:		
Reimbursement from Board of Retirement		183 29
Sales:		
Travel, transportation and office expenses	\$0 10	
Food	163 68	
Clothing and materials	131 59	
Furnishings and household supplies	187 74	
Medical and general care	5 53	
Heat, light and power	86 00	
Farm:		
Cows and calves	\$110 00	
Hides	46 33	
Sundries	11 57	
	167 90	
Garage, stable and grounds	60 96	
Repairs, ordinary	247 20	
	1,050 70	
Miscellaneous:		
Interest on bank balances	\$1,201 54	
Rent	724 20	
	1,925 74	
		\$88,654 22

Receipts from Treasury of Commonwealth.

Maintenance appropriations:		
Balance of 1921	\$21,389 24	
Advance money (amount on hand November 30)	96,000 00	
Approved schedules of 1922	558,453 23	
	675,842 47	
Special appropriations:		
Balance of 1921	\$518 92	
Approved schedules of 1922	5,739 89	
	6,258 81	
Total		\$791,788 22

Payments.

To treasury of Commonwealth:		
Institution income		\$88,654 22
Maintenance appropriations:		
Balance of schedules of previous year	\$42,421 96	
Approved schedules of 1922	558,453 23	
November advances	18,502 26	
Advanced on October schedule	50,736 52	
	670,113 97	

Amount carried forward	\$758,768 19
----------------------------------	--------------

Amount brought forward \$758,768 19

Special appropriations:

Balance of schedules of previous year	\$518 92	
Approved schedules of 1922	5,739 89	
November advances	3 98	
Advanced on October schedule	237 92	
		6,500 71

Balance, November 30, 1922:

In bank	\$26,302 86	
In office	216 46	
		26,519 32

Total \$791,788 22

MAINTENANCE.

Balance from previous year, brought forward	\$226 36
Appropriation, current year	692,285 00

Total	\$692,511 36
Expenses (as analyzed below)	661,191 87

Balance reverting to treasury of Commonwealth \$31,319 49

Analysis of Expenses.

Personal services	\$299,161 98
Religious instruction	1,825 00
Travel, transportation and office expenses	8,783 97
Food	129,423 04
Clothing and materials	16,879 17
Furnishings and household supplies	36,457 21
Medical and general care	28,380 41
Heat, light and power	61,712 40
Farm	28,447 26
Garage, stable and grounds	7,694 82
Repairs, ordinary	27,962 46
Repairs and renewals	14,464 15

Total expenses for maintenance \$661,191 87

SPECIAL APPROPRIATIONS.

Balance December 1, 1921	\$19,291 60
Appropriations for current year	—

Total	\$19,291 60
Expended during the year (see statement below)	\$5,982 94
Reverting to treasury of Commonwealth	647 71
	6,630 65

Balance November 30, 1922, carried to next year \$12,660 95

OBJECT.	Act or Resolve.	Whole Amount.	Expended during Fiscal Year.	Total expended to Date.	Balance at End of Year.
Water supply	Chap 95, Res. 1919 .	\$11,385 00	—	\$11,207 64	\$177 36*
Worcester department, heating system ¹	Chap. 123, Res. 1917 .	3,758 72	\$2,643 89	3,288 37	470 35*
Alterations in heating shaft	Chap. 203, Acts 1921 .	16,000 00	3,339 05	3,339 05	12,660 95
		\$31,143 72	\$5,982 94	\$17,835 06	\$13,308 66

* Balance reverting to treasury of the Commonwealth \$547 71
 Balance carried to next year 12,660 95

Total as above \$13,308 66

¹ Transferred from Grafton State Hospital Dec. 1, 1919.

RESOURCES AND LIABILITIES.

Resources.

Cash on hand	\$26,519 32	
November cash vouchers (paid from advance money):		
Account of maintenance	\$18,502 26	
Account of special appropriations	241 90	
Account of October schedule	50,736 52	
	<u>69,480 68</u>	
October schedule		\$96,000 00
Due from treasury of Commonwealth from available appropriation account		4,736 52
November, 1922, schedule		2,002 12
Special appropriation		243 05
		<u>\$102,981 69</u>

Liabilities.

Outstanding schedules of current year:		
Schedule of November bills	\$52,002 12	
Schedule of October bills	50,736 52	
	<u>\$102,738 64</u>	
Special appropriation:		
November	\$3 98	
October bills	239 07	
	<u>243 05</u>	
		<u>\$102,981 69</u>

PER CAPITA.

During the year the average number of inmates has been 2,049.01.
 Total cost for maintenance, \$661,191.87.
 Equal to a weekly per capita cost of \$6.2055.
 Receipt from sales, \$1,050.70.
 Equal to a weekly per capita of \$0.0098.
 All other institution receipts, \$87,603.52.
 Equal to a weekly per capita of \$0.8221.
 Net weekly per capita \$5.3736.

Respectfully submitted,

JESSIE M. D. HAMILTON,
Treasurer.

Examined and found correct as compared with the records in the office of the Auditor of the Commonwealth.

ALONZO B. COOK,
Auditor.

STATEMENT OF FUNDS.

PATIENTS' FUND.			
Balance on hand November 30, 1921	.	.	\$11,264 57
Receipts	.	.	14,508 62
Interest	.	.	373 01
			<hr/>
Refunded	.	.	\$16,588 57
Interest paid to State treasury	.	.	373 01
			<hr/>
			16,961 58
			<hr/>
			\$9,184 62
<i>Investment.</i>			
Worcester County Institution for Savings	.	.	\$2,000 00
Worcester Five Cents Savings Bank	.	.	2,000 00
Worcester Mechanics Savings Bank	.	.	2,000 00
Peoples Savings Bank	.	.	2,000 00
Balance Worcester Bank and Trust Company	.	.	776 70
Cash on hand December 1, 1922	.	.	407 92
			<hr/>
			\$9,184 62
LEWIS FUND.			
Balance on hand November 30, 1921	.	.	\$1,642 79
Income	.	.	65 54
			<hr/>
			\$1,708 33
Expended for entertainments, etc.	.	.	144 40
			<hr/>
			\$1,563 93
<i>Investment.</i>			
American Telephone and Telegraph Company collateral trust			
4 per cent bond	.	.	\$926 36
Fourth Liberty Loan bonds	.	.	600 00
Balance Worcester Bank and Trust Company	.	.	37 57
			<hr/>
			\$1,563 93
WHEELER FUND.			
Balance on hand November 30, 1921	.	.	\$6,372 74
Income	.	.	265 35
			<hr/>
			\$6,638 09
Expended for entertainments and magazines	.	.	510 34
			<hr/>
			\$6,127 75
<i>Investment.</i>			
American Telephone and Telegraph Company collateral trust			
4 per cent bond	.	.	\$712 50
Third Liberty Loan bonds	.	.	4,000 00
Fourth Liberty Loan bonds	.	.	1,300 00
Balance Worcester Bank and Trust Company	.	.	115 25
			<hr/>
			\$6,127 75
MANSON FUND.			
Balance on hand November 30, 1921	.	.	\$1,278 69
Income	.	.	46 81
			<hr/>
			\$1,325 50
Expended for entertainments	.	.	198 00
			<hr/>
			\$1,127 50
<i>Investment.</i>			
Fourth Liberty Loan bonds	.	.	\$1,100 00
Balance Worcester Bank and Trust Company	.	.	27 50
			<hr/>
			\$1,127 50

Respectfully submitted,

JESSIE M. D. HAMILTON,

Treasurer.

Nov. 30, 1922.

N. B. — The values assigned to the above securities are their respective purchase prices.

STATISTICAL TABLES.

AS ADOPTED BY AMERICAN PSYCHIATRIC ASSOCIATION.

PRESCRIBED BY MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES.

TABLE 1. — *General Information.*

1. Date of opening as an institution for the insane: Jan. 18, 1833.			
2. Type of institution: State.			
3. Hospital plant:			
Value of hospital property:			
Real estate, including buildings		\$2,586,980	53
Personal property		392,769	17
Total		\$2,979,749	70
Total acreage of hospital property, 589.16.			
Acreage under cultivation during previous year, 263.75.			
4. Medical service:	Men.	Women.	Totals.
Superintendent	1	—	1
Assistant physicians	11	—	11
Medical internes	—	—	—
Dentist	1	—	1
Total physicians	13	—	13
5. Employees on pay roll (not including physicians):	Men.	Women.	Totals.
Graduate nurses	1	17	18
Other nurses and attendants	100	82	182
All other employees	98	79	177
Total employees	199	178	377
6. Patients employed in industrial classes or in general hospital work on date of report	Men.	Women.	Totals.
	577	631	1,208
7. Patients in institution on date of report (excluding paroles)	1,009	1,015	2,024

TABLE 2. — *Financial Statement.*

See treasurer's report for data requested under this table.

TABLE 3. — *Movement of Patient Population for the Year ending Sept. 30, 1922 — Concluded.*

	INSANE.			TEMPORARY CARE.			SANE, VOLUNTARY.			TOTAL ON BOOKS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
11. Number of patients in family care Sept. 30, 1922												
State		23	23								23	23
Reimbursing		13	13								13	13
Private		5	5								5	5
12. Number of non-insane patients in institution at end of institutional year		5	5								5	5
(a) Drug cases												
(b) Inebriates												
(c) Neurological cases												
(d) Epileptics (not feeble-minded)												
(e) Feeble-minded cases (not epileptics)												
(f) Feeble-minded epileptics												
(g) All other cases												
(h) Persons given treatment in out-patient department during year										167	133	300

TABLE 4. — *Nativity of First Admissions and of Parents of First Admissions.*

NATIVITY.	PATIENTS.			PARENTS OF MALE PATIENTS.			PARENTS OF FEMALE PATIENTS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
United States	124	95	219	42	46	88	43	43	86
Albania	1	-	1	1	1	2	-	-	-
Armenia	6	-	6	6	6	12	1	-	1
Austria	-	1	1	-	-	-	1	1	2
Belgium	-	-	-	1	-	1	-	-	-
Canada	22	26	48	30	29	59	35	36	71
Denmark	-	-	-	2	1	3	-	-	-
England	4	7	11	9	6	15	12	8	20
Finland	4	2	6	4	4	8	2	2	4
France	-	-	-	1	-	1	-	-	-
Germany	2	-	2	3	2	5	-	-	-
Greece	5	-	5	5	5	10	-	-	-
Ireland	26	16	42	54	54	108	32	37	69
Italy	10	6	16	10	10	20	6	6	12
Japan	1	-	1	1	1	2	-	-	-
New Zealand	-	-	-	-	-	-	1	1	2
Poland	12	9	21	14	13	27	10	10	20
Roumania	-	1	1	-	-	-	1	1	2
Russia	21	8	29	23	23	46	9	9	18
Scotland	-	4	4	3	4	7	4	5	9
South America	2	-	2	2	2	4	-	-	-
Spain	1	-	1	1	1	2	-	-	-
Sweden	5	5	10	5	6	11	7	7	14
Switzerland	1	-	1	1	1	2	-	-	-
Syria	1	1	2	1	1	2	1	1	2
Turkey in Asia	1	1	2	1	1	2	1	1	2
West Indies	-	5	5	-	-	-	5	5	10
Total foreign born	125	92	217	178	171	349	128	130	258
Unascertained	1	1	2	30	33	63	17	15	32
Grand totals	250	188	438	250	250	500	188	188	376

TABLE 5. — *Citizenship of First Admissions.*

	Males.	Females.	Totals.
Citizens by birth	124	95	219
Citizens by naturalization	26	18	44
Aliens	80	67	147
Citizenship unascertained	20	8	28
Totals	250	188	438

TABLE 6. — *Psychoses of First Admissions.*

	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic, total	1	—	1	1	—	1
(a) Traumatic delirium	1	—	1			
(b) Traumatic constitution	—	—	—			
(c) Post traumatic mental enfeeblement (dementia)	—	—	—			
(d) Other types	—	—	—			
2. Senile, total	12	20	32	17	28	45
(a) Simple deterioration	—	—	—			
(b) Presbyophrenic type	—	—	—			
(c) Delirious and confused types	—	—	—			
(d) Depressed and agitated types	—	—	—			
(e) Paranoid types	5	7	12			
(f) Pre-senile type	—	—	—			
(g) Other types	—	1	1			
3. With cerebral arteriosclerosis	—	—	—	24	13	37
4. General paralysis	—	—	—	26	4	30
5. With cerebral syphilis	—	—	—	3	1	4
6. With Huntington's chorea	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—
8. With other brain or nervous diseases, total	—	—	—	—	—	—
(a) Cerebral embolism	—	—	—			
(b) Paralysis agitans	—	—	—			
(c) Meningitis tubercular, or other forms (to be specified)	—	—	—			
(d) Multiple sclerosis	—	—	—			
(e) Tabes dorsalis	—	—	—			
(f) Acute chorea	—	—	—			
(g) Other diseases	—	—	—			
9. Alcoholic, total	—	—	—	21	3	24
(a) Pathological intoxication	—	—	—			
(b) Delirium tremens	2	—	2			
(c) Korsakow's psychosis	—	—	—			
(d) Acute hallucinosis	6	1	7			
(e) Chronic hallucinosis	7	1	8			
(f) Acute paranoid type	2	—	2			
(g) Chronic paranoid type	—	—	—			
(h) Alcoholic deterioration	4	1	5			
(i) Other types, acute or chronic	—	—	—			
10. Due to drugs and other exogenous toxins, total	—	—	—	1	—	1
(a) Opium (and derivatives) cocaine, bromides, chloral, etc., alone or combined (to be specified)	1	—	1			
(b) Metals, as lead, arsenic, etc. (to be specified)	—	—	—			
(c) Gases (to be specified)	—	—	—			
(d) Other exogenous toxins (to be specified)	—	—	—			
11. With pellagra	—	—	—	—	—	—
12. With other somatic diseases, total	—	—	—	2	1	3
(a) Delirium with infectious diseases	—	—	—			
(b) Post-infectious psychoses	2	—	2			
(c) Exhaustion delirium	—	1	1			
(d) Delirium of unknown origin	—	—	—			
(e) Cardiorenal disease	—	—	—			
(f) Diseases of the ductless glands	—	—	—			
(g) Other diseases or conditions (to be specified)	—	—	—			
13. Manic-depressive, total	5	9	14	12	30	42
(a) Manic type	—	18	25			
(b) Depressed type	—	—	—			
(c) Stuporous type	—	—	—			
(d) Mixed type	—	3	3			
(e) Circular type	—	—	—			
(f) Other types	—	—	—			
14. Involution melancholia	—	—	—	2	6	8
15. Dementia Præcox, total	32	29	61	51	43	94
(a) Paranoid type	7	8	15			
(b) Catatonic type	4	6	10			
(c) Hebephrenic type	8	—	8			
(d) Simple type	—	—	—			
(e) Other types	—	—	—			
16. Paranoia or paranoid conditions	—	—	—	4	2	6
17. Epileptic, total	—	—	—	3	—	3
(a) Epileptic deterioration	1	—	1			
(b) Epileptic clouded states	2	—	2			
(c) Other epileptic types (to be specified)	—	—	—			

TABLE 6. — *Psychoses of First Admissions* — Concluded.

	Males.	Females.	Totals.	Males.	Females.	Totals.
18. Psychoneurosis and neuroses, total				2	1	3
(a) Hysterical type	1	—	1			
(b) Psychasthenic type	—	—	—			
(c) Neurasthenic type	—	1	1			
(d) Anxiety neuroses	1	—	1			
(e) Other types	—	—	—			
19. With psychopathic personality				—	1	1
20. With mental deficiency				9	11	20
21. Undiagnosed				65	39	104
22. Without psychosis, total				7	5	12
(a) Epilepsy	—	2	2			
(b) Alcoholism	—	—	—			
(c) Drug addiction	—	—	—			
(d) Psychopathic personality	2	1	3			
(e) Mental deficiency	4	2	6			
(f) Others	1	—	1			
Totals				250	188	438

TABLE 7. — *Race of First Admissions classified with Reference to Principal Psychoses.*

RACE.	TOTAL.			PSYCHOSES.												WITH OTHER SOMATIC DISEASES.											
	Males.	Females.	Totals.	TRAUMATIC.			SENILE.			WITH CEREBRAL ARTERIO-SCLEROSIS.			GENERAL PARALYSIS.			WITH CEREBRAL SYPHILIS.			ALCOHOLIC.			DUE TO DRUGS AND OTHER EX-GENOUS TOXINS.			WITH OTHER SOMATIC DISEASES.		
				Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
African (black)	1	4	5				1		1																		
Albanian	1	-	1																								
Armenian	6	16	22																								
English	8	2	10																								
French	4	22	26																								
German	2	1	3																								
Greek	5	-	5																								
Hebrew	7	4	11																								
Irish	57	34	91																								
Italian	10	6	16																								
Japanese	1	1	2																								
Lithuanian	7	5	12																								
Portuguese	1	1	2																								
Scandinavian	7	7	14																								
Scottish	3	5	8																								
Slavonic	23	11	34																								
Spanish American	1	1	2																								
Syrian	1	1	2																								
Turkish	1	1	2																								
West Indian	2	2	4																								
Mixed	58	49	107																								
Race unascertained	24	18	42																								
Totals	250	188	438	1	-	1	17	28	45	24	13	37	26	4	30	3	1	4	21	3	24	1	-	1	2	1	3

TABLE 7. — *Race of First Admissions classified with Reference to Principal Psychoses — Concluded.*

RACE.	PSYCHOSES.																																			
	MANIC-DEPRESSIVE.			INVOLUTION MEL-ANCHOLIA.			DEMENTIA PRÆCOX.			PARANOIA AND PARANOID CONDITIONS.			EPILEPTIC.			PSYCHO-NEUROSES AND NEUROSES.			WITH PSYCHOPATHIC PERSONALITY.			WITH MENTAL DEFICIENCY.			UN-DIAGNOSED.			NOT INSANE.								
	Males.		Females.		Totals.		Males.		Females.		Totals.		Males.		Females.		Totals.		Males.		Females.		Totals.		Males.		Females.		Totals.		Males.		Females.		Totals.	
	Males.	Females.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.				
African (black)	1	1	2	1	3	4	4	8	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1		
Albanian																																				
Armenian																																				
English																																				
Finnish																																				
French																																				
German																																				
Greek																																				
Hebrew																																				
Irish																																				
Italian																																				
Japanese																																				
Lithuanian																																				
Portuguese																																				
Scandinavian																																				
Scotch																																				
Slavonic																																				
Spanish American																																				
Syrian																																				
Turkish																																				
West Indian																																				
Mixed																																				
Race unascertained																																				
Totals	12	30	42	2	6	8	51	43	94	4	2	6	3	-	3	2	1	3	-	1	1	9	11	20	65	39	104	7	5	12						

TABLE 8. — Age of First Admissions classified with Reference to Principal Psychoses.

PSYCHOSES.	TOTAL.			YEARS.																				
				UNDER 15.			15-20.			20-25.			25-30.			30-35.			35-40.			40-45.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic	1	1	2	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile	17	28	45	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. With cerebral arteriosclerosis	24	13	37	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4. General paralysis	26	4	30	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. With cerebral syphilis	3	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic	21	3	24	—	—	—	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—
10. Due to drugs or other exogenous toxins	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	2	1	3	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
13. Manic-depressive	12	30	42	—	—	—	—	—	—	—	—	—	2	3	5	—	—	—	—	—	—	—	—	—
14. Involution melancholia	2	6	8	—	—	—	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—
15. Dementia praecox	51	43	94	—	—	—	—	—	—	—	—	—	11	4	15	—	—	—	—	—	—	—	—	—
16. Paranoia or paranoid condition	4	2	6	—	—	—	—	—	—	—	—	—	6	3	9	—	—	—	—	—	—	—	—	—
17. Epileptic	3	1	4	—	—	—	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	2	1	3	—	—	—	—	—	—	—	—	—	1	2	3	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	9	11	20	—	—	—	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—
21. Undiagnosed	65	39	104	—	—	—	—	—	—	—	—	—	2	4	6	—	—	—	—	—	—	—	—	—
22. Without psychosis	7	5	12	—	—	—	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—
Totals	250	188	438	—	—	—	15	9	24	13	18	31	35	14	49	26	24	50	24	25	49	14	25	39

TABLE 9. — Degree of Education of First Admissions classified with Reference to Psychoses.

PSYCHOSES.	TOTAL.			ILLITERATE.			READS AND WRITES.			COMMON SCHOOL.			HIGH SCHOOL.			COLLEGE.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic	1	28	29	1	4	5	2	6	8	1	7	8	2	4	6	2	2	4	2	1	3
2. Senile	17	45	62	4	4	8	7	6	13	12	8	20	1	1	2	2	1	3	2	1	3
3. With cerebral arteriosclerosis	24	13	37	4	4	8	7	3	10	7	8	15	1	1	2	2	1	3	2	1	3
4. General paralysis	26	4	30	1	1	2	1	1	2	2	2	4	1	1	2	2	1	3	5	1	6
5. With cerebral syphilis	3	1	4	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
6. With Huntington's chorea	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
7. With brain tumor	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
8. With other brain or nervous diseases	21	3	24	4	1	5	7	1	8	7	1	8	1	1	2	3	1	4	1	1	2
9. Alcoholic	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
10. Due to drugs and other exogenous toxins	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
11. With pellagra	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
12. With other somatic diseases	12	30	42	4	4	8	1	1	2	1	1	2	2	2	4	2	2	4	2	2	4
13. Manic-depressive	2	6	8	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
14. Involution melancholia	51	43	94	4	1	5	7	4	11	31	29	60	6	7	13	3	2	5	3	2	5
15. Dementia præcox	4	2	6	1	1	2	1	1	2	3	1	4	1	1	2	1	1	2	1	1	2
16. Paranoia and paranoid condition	3	3	6	1	1	2	1	1	2	2	2	4	1	1	2	1	1	2	1	1	2
17. Epileptic	2	1	3	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
18. Psychoneuroses and neuroses	2	1	3	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
19. With psychopathic personality	9	11	20	1	3	4	2	2	4	6	5	11	7	5	12	1	1	2	1	1	2
20. With mental deficiency	65	39	104	9	8	17	12	5	17	26	18	44	7	5	12	10	3	13	1	1	2
21. Undiagnosed	7	5	12	1	1	2	1	1	2	4	4	8	1	1	2	1	1	2	1	1	2
22. Not insane	250	188	438	29	22	51	41	25	66	128	105	233	23	20	43	2	1	3	27	15	42
Totals	250	188	438	29	22	51	41	25	66	128	105	233	23	20	43	2	1	3	27	15	42

TABLE 10. — *Environment of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			URBAN.			RURAL.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic	1	—	1	1	—	1	—	—	—	—	—	—
2. Senile	17	28	45	14	24	38	3	4	7	—	—	—
3. With cerebral arteriosclerosis	24	13	37	20	11	31	4	2	6	—	—	—
4. General paralysis	26	4	30	25	4	29	1	—	1	—	—	—
5. With cerebral syphilis	3	1	4	3	1	4	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic	21	3	24	21	3	24	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins	1	—	1	1	—	1	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	2	1	3	2	1	3	—	—	—	—	—	—
13. Manic-depressive	12	30	42	12	28	40	—	—	—	—	—	—
14. Involution melancholia	2	6	8	2	4	6	—	—	—	—	—	—
15. Dementia præcox	51	43	94	48	39	87	3	4	7	—	—	—
16. Paranoia or paranoid condition	4	2	6	4	2	6	—	—	—	—	—	—
17. Epileptic	3	—	3	3	—	3	—	—	—	—	—	—
18. Psychoneuroses and neuroses	2	1	3	2	1	3	—	—	—	—	—	—
19. With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	9	11	20	9	11	20	—	—	—	—	—	—
21. Undiagnosed	65	39	104	63	38	101	2	1	3	—	—	—
22. With psychosis	7	5	12	6	4	10	1	1	2	—	—	—
Totals	260	188	438	236	172	408	14	16	30	—	—	—

TABLE 11. — *Economic Condition of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			DEPENDENT.			MARGINAL.			COMFORTABLE.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—
2. Senile	17	28	45	4	11	15	13	13	26	—	4	4	—	—	—
3. With arteriosclerosis	24	13	37	5	—	5	15	4	19	4	9	13	—	—	—
4. General paralysis	26	4	30	4	—	4	16	1	17	6	3	9	—	—	—
5. With cerebral syphilis	3	1	4	1	—	1	1	1	2	1	—	1	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic	21	3	24	—	—	—	16	2	18	4	—	4	1	—	1
10. Due to drugs and other exogenous toxins	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	2	1	3	—	—	—	2	—	2	—	—	—	—	—	—
13. Manic-depressive	12	30	42	2	2	4	5	20	25	5	7	12	—	—	—
14. Involution melancholia	—	6	8	—	—	—	1	4	5	1	2	3	—	—	—
15. Dementia præcox	51	43	94	7	3	10	38	21	59	6	19	25	—	—	—
16. Paranoia or paranoid condition	—	2	2	—	—	—	3	1	4	1	1	2	—	—	—
17. Epileptic	3	3	6	—	—	—	2	2	2	1	1	1	—	—	—
18. Psychoneuroses and neuroses	2	1	3	—	—	—	2	—	2	—	—	—	—	—	—
19. With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	9	11	20	1	1	2	7	10	17	1	1	1	1	—	1
21. Undiagnosed	65	39	104	4	1	5	52	28	80	8	8	16	1	2	3
22. Without psychosis	7	5	12	1	1	2	5	1	6	1	3	4	—	—	—
Totals	250	188	438	30	22	52	179	106	285	39	57	96	2	3	5

TABLE 12. — *Use of Alcohol by First Admissions classified with Reference to Principal Psychoses.*

	TOTAL.			ABSTINENT.			TEMPERATE.			INTERMEDIATE.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic	1	28	1	1	16	17	16	9	25	1	1	1	1	2	1
2. Senile	17	45	1	4	8	12	14	5	19	2	1	2	4	4	2
3. With arteriosclerosis	24	37	30	1	1	2	18	2	20	3	1	4	4	1	2
4. General paralysis	26	4	4	1	1	2	2	2	2	3	1	2	1	1	2
5. With cerebral syphilis	3	1	4	1	1	2	2	2	2	1	1	2	1	1	2
6. With Huntington's chorea	1	1	2	1	1	2	2	2	2	1	1	2	1	1	2
7. With brain tumor	1	1	2	1	1	2	2	2	2	1	1	2	1	1	2
8. With other brain or nervous diseases	1	1	2	1	1	2	2	2	2	1	1	2	1	1	2
9. Alcoholic	21	3	24	1	1	2	1	1	1	21	3	24	1	1	2
10. Due to drugs and other exogenous toxins	1	1	2	1	1	2	1	1	1	1	1	2	1	1	2
11. With pellagra	1	1	2	1	1	2	1	1	1	1	1	2	1	1	2
12. With other somatic diseases	2	30	32	1	1	2	5	5	10	1	1	2	3	3	6
13. Manic-depressive	12	6	18	4	3	7	4	3	7	1	1	2	1	1	2
14. Involution melancholia	51	43	94	15	21	36	30	16	46	2	6	8	4	4	8
15. Dementia precox	4	2	6	1	2	3	2	2	4	1	1	2	1	1	2
16. Paranoia or paranoid condition	3	3	6	1	1	2	2	2	4	1	1	2	1	1	2
17. Epileptic	2	1	3	1	1	2	1	1	2	1	1	2	1	1	2
18. Psychoneuroses and neuroses	9	11	20	5	5	10	3	5	8	1	1	2	1	1	2
19. With psychopathic personality	65	39	104	6	19	25	34	12	46	8	4	12	17	4	21
20. With mental deficiency	7	5	12	3	2	5	4	2	6	1	1	2	1	1	2
21. Undiagnosed	7	5	12	3	2	5	4	2	6	1	1	2	1	1	2
22. Without psychosis	7	5	12	3	2	5	4	2	6	1	1	2	1	1	2
Totals	250	188	438	42	101	143	133	59	192	39	16	55	36	12	48

TABLE 13. — *Marital Condition of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			SINGLE.			MARRIED.			WIDOWED.			SEPARATED.			DIVORCED.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile	17	28	45	3	7	10	7	3	10	7	16	23	—	—	—	—	—	—	—	—	—
3. With cerebral arteriosclerosis	24	13	37	8	1	9	14	5	19	8	7	15	—	—	—	1	—	—	—	—	—
4. General paralysis	26	4	30	7	1	8	14	2	16	3	1	4	1	—	1	1	—	—	—	—	—
5. With cerebral syphilis	3	1	4	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic	21	3	24	8	1	9	9	1	10	3	1	4	1	—	1	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	2	1	3	1	—	1	3	1	2	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	12	30	42	9	9	18	17	5	20	—	4	4	—	—	—	—	—	—	—	—	—
13. Manic-depressive	2	6	8	2	—	2	5	3	8	—	—	—	—	—	—	—	—	—	—	—	—
14. Involution melancholia	51	43	94	40	25	65	11	13	24	—	3	3	1	—	1	1	1	—	—	—	—
15. Dementia precox	4	2	6	3	2	5	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—
16. Paranoia and paranoid conditions	3	—	3	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17. Epileptic	2	1	3	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	9	11	20	9	7	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	65	39	104	27	9	36	25	4	49	10	6	16	—	—	—	1	—	—	2	—	—
21. Undiagnosed	7	5	12	7	5	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
22. Without psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	250	188	438	123	68	191	85	77	162	33	38	71	3	1	4	4	2	6	2	2	4

TABLE 14. — *Psychoses of Readmissions.*

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic, total	-	-	-	-	-	-
(a) Traumatic delirium	-	-	-	-	-	-
(b) Traumatic constitution	-	-	-	-	-	-
(c) Post-traumatic mental enfeeblement (dementia)	-	-	-	-	-	-
(d) Other types	-	-	-	-	-	-
2. Senile, total	2	1	3	2	2	4
(a) Simple deterioration	-	-	-	-	-	-
(b) Presbyophrenic type	-	-	-	-	-	-
(c) Delirious and confused types	-	-	-	-	-	-
(d) Depressed and agitated types	-	-	-	-	-	-
(e) Paranoid types	-	1	1	-	-	-
(f) Pre-senile type	-	-	-	-	-	-
(g) Other types	-	-	-	-	-	-
3. With cerebral arteriosclerosis	-	-	-	3	-	3
4. General paralysis	-	-	-	3	2	5
5. With cerebral syphilis	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-
8. With other brain or nervous diseases, total	-	-	-	-	-	-
(a) Cerebral embolism	-	-	-	-	-	-
(b) Paralysis agitans	-	-	-	-	-	-
(c) Meningitis tubercular or other forms (to be specified)	-	-	-	-	-	-
(d) Multiple sclerosis	-	-	-	-	-	-
(e) Tabes dorsalis	-	-	-	-	-	-
(f) Acute chorea	-	-	-	-	-	-
(g) Other diseases	-	-	-	-	-	-
9. Alcoholic, total	-	-	-	5	1	6
(a) Pathological intoxication	-	-	-	-	-	-
(b) Delirium tremens	-	-	-	-	-	-
(c) Korsakow's psychosis	-	-	-	-	-	-
(d) Acute hallucinosis	-	-	-	-	-	-
(e) Chronic hallucinosis	-	1	1	-	-	-
(f) Acute paranoid type	2	-	2	-	-	-
(g) Chronic paranoid type	-	-	-	-	-	-
(h) Alcoholic deterioration	3	-	3	-	-	-
(i) Other types, acute or chronic	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins, total	-	-	-	-	-	-
(a) Opium (and derivatives), cocaine, bromides, chloral, etc., alone or combined (to be specified)	-	-	-	-	-	-
(b) Metals, as lead, arsenic, etc. (to be specified)	-	-	-	-	-	-
(c) Gases (to be specified)	-	-	-	-	-	-
(d) Other exogenous toxins	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-
12. With other somatic diseases, total	-	-	-	-	1	1
(a) Delirium with infectious diseases	-	-	-	-	-	-
(b) Post-infectious psychoses	-	1	1	-	-	-
(c) Exhaustion delirium	-	-	-	-	-	-
(d) Delirium of unknown origin	-	-	-	-	-	-
(e) Cardiorenal disease	-	-	-	-	-	-
(f) Diseases of the ductless glands	-	-	-	-	-	-
(g) Other diseases or conditions (to be specified)	-	-	-	-	-	-
13. Manic-depressive, total	6	8	14	9	22	31
(a) Manic type	2	14	16	-	-	-
(b) Depressed type	-	-	-	-	-	-
(c) Stuporous type	-	-	-	-	-	-
(d) Mixed type	-	-	-	-	-	-
(e) Circular type	1	-	1	-	-	-
(f) Other types	-	-	-	-	-	-
14. Involution melancholia	-	-	-	-	1	1
15. Dementia præcox, total	15	10	25	25	16	41
(a) Paranoid type	4	2	6	-	-	-
(b) Catatonic type	3	2	5	-	-	-
(c) Hebephrenic type	3	2	5	-	-	-
(d) Simple type	-	-	-	-	-	-
(e) Other types	-	-	-	-	-	-
16. Paranoia or paranoid condition	-	-	-	2	-	2
17. Epileptic, total	2	-	2	2	-	2
(a) Epileptic deterioration	-	-	-	-	-	-
(b) Epileptic clouded states	-	-	-	-	-	-
(c) Other epileptic types (to be specified)	-	-	-	-	-	-

TABLE 14. — *Psychoses of Readmissions* — Concluded.

PSYCHOSES.						
	Males.	Females.	Totals.	Males.	Females.	Totals.
18. Psychoneuroses and neuroses, total	-	-	-	-	-	-
(a) Hysterical type	-	-	-	-	-	-
(b) Psychasthenic type	-	-	-	-	-	-
(c) Neurasthenic type	-	-	-	-	-	-
(d) Anxiety neuroses	-	-	-	-	-	-
(e) Other types	-	-	-	-	-	-
19. With psychopathic personality	-	-	-	2	-	2
20. With mental deficiency	-	-	-	2	2	4
21. Undiagnosed	-	-	-	8	-	16
22. Without psychosis, total	-	-	-	1	2	3
(a) Epilepsy	-	-	-	-	-	-
(b) Alcoholism	-	-	-	-	-	-
(c) Drug addiction	-	-	-	-	-	-
(d) Psychopathic personality	-	2	2	-	-	-
(e) Mental deficiency	1	-	1	-	-	-
(f) Others	-	-	-	-	-	-
Totals	-	-	-	64	57	121

TABLE 15. — Discharges of Patients classified with Reference to Principal Psychoses, and Condition on Discharge.

PSYCHOSES.	TOTAL.			RECOVERED.			IMPROVED.			UNIMPROVED.			NOT INSANE.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic	1	2	3	1	1	2	1	2	3	1	1	2	1	1	2
2. Senile	7	9	16	1	1	2	7	8	15	1	1	2	1	1	2
3. With cerebral arteriosclerosis	5	2	7	1	1	2	4	2	6	1	1	2	1	1	2
4. General paralysis	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
5. With cerebral syphilis	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
6. With Huntington's chorea	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
7. With brain tumor	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
8. With other brain or nervous diseases	12	4	16	6	1	7	5	2	7	1	1	2	1	1	2
9. Alcoholic	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
10. Due to drugs and other exogenous toxins	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
11. With pellagra	1	2	3	1	1	2	1	1	2	1	1	2	1	1	2
12. With other somatic diseases	19	25	44	7	7	14	8	13	21	4	5	9	1	1	2
13. Manic-depressive	2	9	11	1	1	2	1	9	10	1	1	2	1	1	2
14. Involution melancholia	63	39	102	1	1	2	43	28	71	20	11	31	1	1	2
15. Dementia præcox	2	1	3	1	1	2	2	1	3	1	1	2	1	1	2
16. Paranoia or paranoid condition	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
17. Epileptic	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
18. Psychoneuroses and neuroses	4	4	8	1	1	2	3	1	4	1	3	4	1	3	4
19. With psychopathic personality	3	2	5	1	1	2	1	1	2	2	2	4	1	3	4
20. With mental deficiency	15	5	20	2	1	3	10	2	12	3	3	6	1	3	4
21. Undiagnosed	7	3	10	1	1	2	1	2	3	1	1	2	1	1	2
22. Not insane	144	107	251	18	9	27	86	70	156	33	25	58	7	3	10
Totals	144	107	251	18	9	27	86	70	156	33	25	58	7	3	10

TABLE 16. — *Causes of Death of Patients classified with Reference to Principal Psychoses.*

[illegible]

[illegible]

TABLE 16. — *Causes of Death of Patients classified with Reference to Principal Psychoses — Continued.*

CAUSE OF DEATH.	PSYCHOSES.											
	MANIC-DEPRESSIVE.			INVOLUTION MED-ANCHILIA.			DEMENTIA PRÆCOX.			PARANOIA OR PARANOID CONDITION.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
<i>General Diseases.</i>												
Facial erysipelas	—	1	1	—	—	—	—	—	—	—	—	—
Gangrene of foot	—	—	—	—	—	—	—	—	—	—	—	—
Periculous anemia	—	—	—	—	1	1	—	1	1	—	—	—
Inguinal hernia	1	—	1	—	—	—	—	—	—	—	—	—
Exhaustion due to Manic-depressive psychosis	—	1	1	—	—	—	—	—	—	—	—	—
Carcinoma of intestines	—	—	—	—	1	1	—	1	1	—	—	—
Carcinoma of head of pancreas	—	—	—	—	—	—	—	—	—	—	—	—
<i>Diseases of the Nervous System.</i>												
Cerebral hemorrhage	1	—	1	—	—	—	2	1	3	1	1	1
General paralysis of the insane	—	—	—	—	—	—	—	—	—	—	—	—
Cerebral spinal syphilis	—	—	—	—	—	—	—	—	—	—	—	—
Tabes dorsalis	—	—	—	—	—	—	—	—	—	—	—	—
<i>Diseases of the Circulatory System.</i>												
Cardio-vascular renal disease	2	—	2	1	1	2	6	1	7	1	1	2
Arteriosclerosis	—	—	—	—	—	—	—	2	2	1	—	1
Cerebro arteriosclerosis	—	—	—	—	—	—	—	1	1	—	—	—
Chronic endocarditis	—	1	1	—	—	—	—	—	—	—	—	—
Acute myocarditis	—	—	—	1	1	2	2	—	2	1	—	1
Chronic myocarditis	1	1	2	—	—	—	—	—	—	2	1	3
Fatty degeneration of the heart	—	—	—	—	—	—	—	—	—	—	—	—
Aortic regurgitation	—	1	1	—	—	—	—	—	—	—	—	—
<i>Diseases of the Respiratory System.</i>												
Broncho-pneumonia	—	2	2	—	—	—	—	2	2	—	—	—
Lobar pneumonia	1	—	1	—	1	1	—	2	2	—	—	—
Pulmonary gangrene	—	—	—	—	—	—	—	—	—	—	—	—
Chronic bronchitis	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary tuberculosis	1	1	2	—	—	—	4	3	7	—	—	—
Acute miliary tuberculosis	—	1	1	—	—	—	—	2	2	—	—	—

TABLE 17. — Age of Patients at Time of Death classified with Reference to Principal Psychoses.

PSYCHOSES.	TOTAL.			YEARS.																				
	Males.	Females.	Totals.	UNDER 15.			15-20.			20-25.			25-30.			30-35.			35-40.			40-45.		
				Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.			
1. Traumatic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
2. Senile	24	32	52	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
3. With cerebral arteriosclerosis	24	14	38	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
4. General paralysis	26	6	32	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5. With cerebral syphilis	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
8. With other brain or nervous diseases	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9. Alcoholic	11	2	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
12. With other somatic diseases	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
13. Manic-depressive	6	11	17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
14. Involution melancholia	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
15. Dementia præcox	17	18	35	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
16. Paranoia or paranoid conditions	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
17. Epileptic	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
18. Psychoneuroses and neuroses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
19. With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
20. With mental deficiency	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
21. Undiagnosed	11	3	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
22. Without psychosis	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Totals	121	99	220	—	—	—	2	—	2	—	—	—	3	3	6	4	4	8	5	3	8	6	7	13

TABLE 18. — *Total Duration of Hospital Life of Patients dying in Hospital classified according to Psychoses* — Concluded.

PSYCHOSES.	YEARS.											
	5-10.			10-15.			15-20.			20-25.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic	1	1	2	1	1	2	1	1	2	1	1	2
2. Senile	3	3	6	1	1	2	1	1	2	1	1	2
3. With cerebral arteriosclerosis	3	1	4	1	1	2	1	1	2	1	1	2
4. General paralysis	3	1	4	1	1	2	1	1	2	1	1	2
5. With cerebral syphilis	1	1	2	1	1	2	1	1	2	1	1	2
6. With Huntington's chorea	1	1	2	1	1	2	1	1	2	1	1	2
7. With brain tumor	1	1	2	1	1	2	1	1	2	1	1	2
8. With other brain or nervous diseases	2	1	3	2	1	3	1	1	2	1	1	2
9. Alcoholic	1	1	2	1	1	2	1	1	2	1	1	2
10. Due to drugs and other exogenous toxins	2	1	3	2	1	3	1	1	2	1	1	2
11. With pellagra	1	1	2	1	1	2	1	1	2	1	1	2
12. With other somatic diseases	1	1	2	1	1	2	1	1	2	1	1	2
13. Manic-depressive	4	1	5	1	2	3	1	1	2	1	1	2
14. Involution melancholia	1	1	2	1	1	2	1	1	2	1	1	2
15. Dementia praecox	1	1	2	1	1	2	1	1	2	1	1	2
16. Paranoia or paranoid condition	8	8	16	1	1	2	1	1	2	1	1	2
17. Epileptic	1	1	2	1	1	2	1	1	2	1	1	2
18. Psychoneuroses and neuroses	1	1	2	1	1	2	1	1	2	1	1	2
19. With psychopathic personality	1	1	2	1	1	2	1	1	2	1	1	2
20. With mental deficiency	1	1	2	1	1	2	1	1	2	1	1	2
21. Undiagnosed	1	1	2	1	1	2	1	1	2	1	1	2
22. Without psychosis	1	1	2	1	1	2	1	1	2	1	1	2
Totals	12	19	31	4	3	7	5	2	7	2	7	9

TABLE 19. — *Family-care Department.*

	Males.	Females.	Totals.
Remaining Sept. 30, 1921	—	22	22
Admitted within the year	—	29	29
Nominally returned from visit for discharge	—	—	—
Whole number of cases within the year	—	51	51
Dismissed within the year	—	28	28
Returned to the institution	—	26	26
Discharged	—	—	—
Died	—	2	2
Visit	—	—	—
Escaped	—	—	—
Remaining Sept. 30, 1921	—	23	23
Supported by State	—	13	13
Private	—	5	5
Self-supporting	—	5	5
Number of different persons within the year	—	41	41
Number of different persons admitted	—	26	26
Number of different persons dismissed	—	22	22
Daily average number	—	19.55	19.55
State	—	10.88	10.88
Private	—	4.74	4.74
Self-supporting	—	4.93	4.93

PUBLICATION OF THIS DOCUMENT

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ASS.
OCS.
OLL.

The Commonwealth of Massachusetts

ANNUAL REPORT

OF

THE TRUSTEES

OF THE

WORCESTER STATE HOSPITAL

FOR THE

YEAR ENDING NOVEMBER 30, 1923

DEPARTMENT OF MENTAL DISEASES



OFFICERS OF THE WORCESTER STATE HOSPITAL.

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MAUDE ROSE, *Head Occupational Therapist.*

The Commonwealth of Massachusetts

TRUSTEES' REPORT.

To His Excellency, the Governor, and the Honorable Council:

The Trustees of the Worcester State Hospital respectfully submit the ninety-first report of the Hospital, with a record of the various departments as given by the Superintendent, Dr. William A. Bryan, and a report of the Treasurer, Miss Jessie M. D. Hamilton.

During the year Mrs. Anna C. Tatman of Worcester was appointed as Trustee.

The Superintendent's comprehensive monthly reports show careful consideration of the health of the patients, physical as well as mental. Much has been done to improve conditions by examination or by treatment, medical or surgical.

A re-organization of medical work for more efficient service to the patient has been made. Especially active work has been done by the hydrotherapeutic department. Stress has been placed upon the importance of constant employment or pleasant, continuous occupation for destructive and disturbed patients; also upon the value for all of occupational therapy, gymnastics, the industrial department work and that of the group, thought being given as to the result to be obtained in the life of the individual employed.

A training school for occupational teachers, small but enthusiastic, has been organized. The out-patient department, hospital, nutrition and habit forming clinics have been successful and form an acknowledged bond between the hospital and social agencies and the general public. The real value of social service cannot be overestimated.

The three years of Dr. Bryan's service at the hospital have been most successful and he has the confidence of the Trustees as well as their active coöperation whenever possible. The budget principle is sound and that of coöperative buying, but the Trustees concur in the opinion of many who have given careful thought to the matter that, while economy in all State affairs is most desirable, it is to be deplored that the law, intended to be of great value to the State, has been construed and acted upon in such a manner that it has worked out detrimentally, at least to that part of the State's interests coming under the observation of the Trustees.

The present standards of work in Massachusetts cannot be maintained by such rigid economy. The care of the patients and the best interests of our institution in every way demand that the policies of the institution be formulated by those who understand the work, who have been trained in such work and know its needs. Coöperation should be the watchword in every advance step and special attention should be paid to the building up of the morale of the service. This cannot be done on a too limited, biased plan. Men of initiative and vision in any direction will not give of their best if there is to be no avenue for the working out of those visions, if financial stringency hinders the consummation of ideals and warps initiative. The possibility of being able to carry out constructive plans is necessary to stimulate and give incentive. The best plans, resulting in the best work of not only the Head but of the workers in all departments, can often only be made where expense is necessarily involved.

The trustees also again respectfully call attention to the imperative need of consideration of the fire hazard at the Worcester State Hospital. For many years the subject has been reiterated. There is still the same need of added fire protection, fire escapes, fireproof stairways and a sprinkler system.

The Trustees are firm in their belief that the serious break threatened in the accomplishment of the best results in the work of the Worcester State Hospital, will be averted by quick and decisive action on the part of those in authority.

Respectfully submitted,

EDWARD F. FLETCHER.
WILLIAM J. DELAHANTY.
JOHN G. PERMAN.
LUTHER C. GREENLEAF.

HOWARD W. COWEE.
ANNA C. TATMAN.
CAROLINE M. CASWELL.

SUPERINTENDENT'S REPORT.

To the Trustees of the Worcester State Hospital.

I herewith respectfully submit the following report of the Hospital for the year ending November 30, 1923, it being the ninety-first annual report.

There remained on the hospital books, October 1, 1922, 2,447 patients, 1,270 men and 1,177 women. During the year ending September 30, 1922, there were admitted 506 patients—274 men and 232 women. Six hundred and three patients—311 men and 292 women—were discharged from this hospital. Of this number 368 patients—191 men and 177 women—were discharged; 213 patients—110 men and 103 women, died; and 16 patients—9 men and 7 women—were transferred, leaving at the end of the statistical year 2,579 patients—1,372 men and 1,207 women. Two thousand one hundred and thirty patients—1,081 men and 1,049 women—were actually in the hospital. Of this number 1943 were supported by the State, 84 by friends and 103 as reimbursing patients. Of the patients discharged, 45 were reported as recovered, 198 as improved and 80 as not improved. Forty-five patients—25 men and 20 women—were discharged as not insane. Three men were transferred by the Department of Mental Diseases to the State Infirmary, 2 men to the Danvers State Hospital, 2 men to the Bridgewater State Hospital, 1 man to McLean Hospital, 1 man to the Monson State Hospital, 1 woman to Herbert Hall Hospital, 2 women to the Medfield State Hospital, 1 woman to the Boston State Hospital, 1 woman to Glenside Hospital, 1 woman to the Gardner State Hospital and 1 woman to the School for Feeble-Minded. Twenty-two men and 13 women were removed from the State, and 17 men and 9 women were deported.

There remained in the hospital at the end of the year 114 more patients than at the beginning. The smallest number under treatment on any day was 2,017 patients and the largest 2,163. The daily average was 2,075.51.

The percentage of recoveries, calculated upon the number of discharges and deaths, was 7.46; calculated upon the number of admissions 6.12. The death rate was 6.69, calculated on the whole number of patients under treatment; and 10.26 calculated on the daily average number.

EX-SERVICE MEN.

During the year, there were 35 ex-service men committed to the hospital, 24 returned from trial visit, 13 returned from escape, 22 went out on a trial visit, 19 left the hospital without permission; 5 died and 11 were discharged, leaving at the end of the year 66 ex-service men in the institution.

To all who have contributed gifts and entertainments for the ex-service men, I hereby extend my hearty thanks.

STAFF CHANGES.

The following changes have taken place on the medical staff of the hospital:—

Resignations.

Louis Paré, M.D., resigned June 11, 1923.

Lloyd E. Byrd, D.M.D., resigned June 6, 1923.

Appointments.

Dr. Ransom H. Sartwell, was appointed Assistant Superintendent September 1, 1923.

Dr. Paul DeCary was appointed Assistant Physician September 10, 1923.

Dr. Carl A. Oberg was appointed Resident Dentist June 16, 1923.

Dr. Donald B. Cheetham was appointed Assistant Physician October 16, 1923.

STUDENT INTERNES.

The following served as Internes during the past summer:—

Benjamin H. Rutledge, Jr.	John Hopkins University.
Charles R. Wilson	University of Michigan.
C. Kenneth Cook	University of Michigan.
Richard C. Travis	University of Michigan.
Elmer Wakefield	University of Michigan.
Thomas H. Miller	University of Michigan.
Frank R. Smith, Jr.	John Hopkins University.

REPORT OF MEDICAL WORK.

A complete re-organization of the medical staff along radically different lines has been attempted during the year and while the change has not been in effect sufficiently long to be able to say accurately as to whether it is a more efficient way of handling the medical work, we do believe that it has already resulted in better treatment for our patients. The medical work has been divided into two distinct divisions—Psychiatric and Medical. Under the old plan of organization there were two services in the hospital—male and female—each presided over by a senior assistant physician with two assistants. These officers were responsible for the entire examination of the patient, both physically and mentally. Under the new organization plan a third service has been inaugurated, the function of which is the study of the purely physical. This service is headed by a senior physician with two assistants and all of the physical examinations, both in new cases and patients already in the hospital, are carried out by this service. When a patient is admitted to the hospital a preliminary physical examination is made by the staff member who receives him. On the third day a member of the medical service makes a complete physical examination and is responsible for all laboratory procedures and other work connected with the study of the physical aspect of the patient. After this work is completed the Psychiatric service then makes the psychiatric diagnosis, taking into consideration the physical findings. In this way we have been able to find many physical conditions which we have been able to remedy. While many of these have no bearing upon the psychosis, it seems obvious that the first consideration in any mental disease should be to remedy any existing physical abnormality.

The report of the Medical Service will indicate the amount of work done on patients entering the hospital. The following medical report is submitted by the senior in charge of the medical service, Dr. Henry Weyler:—

X-Ray Department (No. of Patients).

Arm, 8; Bladder, 1; Chest, 89; Hand, 35; Leg, 11; Precordia, 1; Skull, 80; Toe, 1; Gastro-Intestinal, 16; Elbow, 10; Knee, 11; Ankle, 27; Wrist, 10; Fluorascopia, 15; Foot, 18; Hip, 24; Nose, 9; Vertebrae, 1; Ribs, 11; Head, 8; Finger, 5; Spine, 11; Jaw, 11; Femur, 1; Arm, 2; Sinuses, 1; Shoulders, 13; Tibia, 1; Colon, 5; Mandible, 1; Heart, 1; Thymus, 1.

Surgical Cases.

Major Operations, 28; Minor Operations, 22.

Eye Clinics.

Patients Examined, 76; Examined and Glasses Fitted, 66.

Neurological Clinic.

Cases Examined, 23.

Treatments.

Arsphenamine, 621; Swift-Ellis, 184.

LABORATORY REPORT.

The laboratory work for the year 1923 has largely been of the usual routine material. The statistical report gives a fair idea of the amount of work done. From the beginning of the year to October 15th, the pathologist, Dr. Clarence Whitcomb, had charge also of the syphilis clinic and of the routine examinations of eyes, nose and throat. The reports of his activities in these other lines are, therefore, included in this report, although they are not strictly laboratory work. From October 15th to the end of the year Dr. Root has been pathologist. He has also had charge of the Out-Patient clinic, not included in this report.

The personnel of the laboratory has consisted of, during the greater part of the year, the Pathologist and two assistants. We were fortunate in having as one of the assistants a trained chemist who did practically all of the spinal fluid examinations and all of the blood chemistry.

The following is a report of the laboratory work:—

Autopsies, 53; Bacterial Cultures, 33; Bacterial Smears, 101; Blood Counts, 61; Blood Counts—Red, 421; Blood Counts—White, 78; Blood Cultures, 9; Blood-Haemoglobin Determination, 320; Blood-Count Differential, 39; Blood-Urea Nitrogen, 8; Blood Total Nitrogen, 9; Blood Sugar, 9; Blood Creatin, 7; Blood Creatinin, 7; Blood Uric Acid, 6; Animal Inoculations, 2; Gastric Analysis, 4; Sputum, 236; Lumbar Punctures, 84; Cistern Punctures, 20; Withdrawal of blood for Wassermann Examinations, 280; Withdrawal of blood for Spinal Fluid Examination, 267; Renal Function (Phenolphthalein), 53; Lange Colloidal Gold Reaction, 412; Spinal Fluid Cell Count and Protein Determination, 501; Salvarsan Injections, 573; Mercury Injections, 59; Swift-Ellis Treatment, 184; Ophthalmoscopic Examination, 266; Ear, Nose and Throat Examinations, 238; Ear, Nose and Throat Treatments, 123; Urine Analysis, 1,491; Feces, 15; Vaccines, 3; Microscopic Sections-Preparation, 833; Microscopic Sections Examinations, 20; Lectures, 10; Widal, 17; Spinal Drainage, 5; Saliva Drainage, 1; Blood Chemistry, 79; Erythrocyte Counts, 16; Differential Leucocyte Counts, 17; Leucocyte Counts, 21; Blood Bleeding Time, 1; Blood Coagulation Time, 1; Blood Fragility Test, 1; Scabies Examination, 5; Albumin and Globulin, 41; Liver Functions, 1; Determination of Metabolic rate, 10; Throat Culture, 5; Vaginal Smears, 2.

I wish to take this opportunity of expressing my thanks to the members of the profession who have rendered such valuable assistance during the year by serving on our visiting staff. They have been at all times coöperative and have worked assiduously for the best interest of the patient and the hospital. I feel very definitely that the organization of any mental hospital depends upon the appointment of a large and active visiting staff and it is our purpose and plan to add to this visiting staff as rapidly as possible. Our patients have received the benefit of a high degree of medical skill and I am sure that it will assist us in eventually working out the problem of mental diseases.

We have continued our study of special conditions during the year. At the present time we are using the fluoroscope on the chest as a routine measure in newly admitted cases. It is our custom to take a procedure of this kind and use it as a routine until we have accumulated the records of a hundred or two hundred cases. We then decide whether a sufficient amount of good has been done and information obtained to justify continuing it as a regular thing.

The following report is submitted by our resident dentist, Carl A. Oberg:—

Number of Patients Examined, 3,511; Cleanings, 2,821; Fillings, 1,245; Plates, 34; Treatments, 154; Teeth Extracted, 1,245; Repaired Plates, 24; Impacted Teeth, 13.

TRAINING SCHOOL REPORT.

The following report of the training school activities is submitted by Miss Florence M. Wooldridge, R.N., Supt. of Nurses:—

Class work for eight seniors and fifteen juniors was carried on with much difficulty on account of a shortage of nurse and attendant help.

Graduation took place on June 29th when eight were presented diplomas, seven of this number stayed with us for six months and four are with us still, having received promotions. The opening of a diet kitchen under the direction of the training school has given our nurses a splendid opportunity. The value of the experience in our operating room, X-ray, electrotherapy, hydrotherapy and occupational departments, as well as clinics, cannot be overestimated.

The Alumnae Association has been active, meeting at the hospital every three months, having at each meeting a speaker on some of the newer and important matters concerning nursing and nurses. The Association has pledged a prize of \$10.00, called the Linda Richard's prize, to the member of each graduating class who writes the best paper on any phase of psychiatric nursing. Also a prize of \$10.00 to the member of each graduating class who makes the highest marks.

The classes of thirty hours practical instruction for women and men attendants have been carried on by the training school staff, entailing much work with very few staying long enough to finish the course or render better service for having taken it. However, we have a more promising class of women attendants at the present time.

It is highly desirous that more intensive instruction be given the probationers. This would call for a larger teaching staff. The Worcester branch of the Guild of St. Barnabas organized in October, 1922, has been a source of much pleasure to our nurses, fifteen of whom are members. The training school entertained the Guild at the hospital. The school has been represented at all State and County meetings.

I appreciate the willing coöperation on the part of each member of the medical staff and heads of departments, who have helped to make the school a success.

HYDROTHERAPY REPORT.

Our Hydrotherapy Department continues to be one of the most important departments in the hospital. We have constantly assigned to this department a hydrotherapist and eight nurses on the female side and a hydrotherapist and two assistants on the male side. We have made some change during the year in our pack room in the female wards and have added five continuous bath tubs. We now have in operation thirteen continuous tubs, four on the male side and nine on the female side. These tubs are in operation 24 hours a day and the pack room is used the same. The following report will indicate the amount of work carried on during the year:—

	<i>Men</i>	<i>Women</i>
Foot Baths as Prep. Treatment	3,101	1,912
Foot Baths	533	706
Salt Glows	514	1,569
Saline Baths	88	1,050
Electric Light Cabinet Baths	451	938
Fomentations	—	945
Tub Shampoos	407	839
Sitz Baths	—	614
Fan douche	2,264	10,000
Needle Spray	2,388	9,993
Hot and Cold to Spine	342	942
Table Shampoos	102	70
Hair Shampoos	460	1,213

	<i>Men</i>	<i>Women</i>
Wet Mitt Friction	60	393
Scotch douche	—	342
Rain douche	—	726
Jet douche	20	323
Hot Blanket Pack for Class Work	—	4
Wet Drip Sheet	—	5
Throat Compresses	—	3
Neptune Girdle	—	8
Affusions	—	4
Continuous Baths	250	827
Wet Packs	276	984

The Occupational Therapy Department has developed considerably in many ways. Over three hundred patients are enrolled in classes. Some new ward classes have been started and old ones which were more or less intermittent have been stabilized by better organization. This has been made possible partly by the training school pupils being utilized as assistants to supervise patient teachers and partly by hiring more attendants to help with the classes. We now have six classes taught by patients under the supervision of a paid worker. One patient teacher was added to the pay roll and is doing good work.

A ward working class for the younger men, largely ex-service men, whose psychosis is of the acute type, was formed in May. A definite course of instruction was worked out and the class has been very successful.

The need for more trained workers in a hospital of this size has been heavily felt. Partly to meet this need and partly because it seems that occupational therapists in mental hospitals should be trained to work with mental cases, a school for training occupational therapists was started September 17th. The course is comprehensive and broad enough to give the pupils a general training which will make them useful members of the occupational department in a general hospital as well as in mental hospitals, should they prefer that after graduation. The course occupies a full year, and includes lectures by the medical staff, the occupational therapist and the superintendent of nurses. Three pupils are enrolled and are making a good record.

There are four classes with employees as teachers on the female service and two on the male service.

The middle of October a class was formed composed of the most destructive of patients on the female wards. These patients were given occupation from 7 A.M. and 5 P.M. each day, excepting Sunday, until January 12th. A light lunch was served at ten o'clock and at three each day. During this time the amount of destruction was decreased about three-fourths. The total destruction of dresses alone during August and September amounted to about three hundred and fifty dollars. In December after the class had been in operation about six or eight weeks the destruction of dresses amounted to seventy-eight dollars.

The class was discontinued January 12th partly as a test and because there were not teachers enough to relieve for the long hours. In January the destruction of dresses amounted to one hundred and forty-four dollars. This seems to prove rather conclusively that occupational therapy has an economic value which should appeal where its therapeutic value is unrecognized.

With the department growing at its present rate, better accommodations in the way of work rooms is a necessity. The class rooms are over-crowded and the equipment for storing and caring for supplies is very inadequate. The patients should have a large sunny, airy room in which to work, made attractive by the use of plants, pictures and comfortable furniture. The equipment for storing supplies should be such that they can be kept free from dust and in the case of the reed much waste could be avoided by the proper kind of racks for storage. Since occupation is considered one of the most important therapeutic measures used in the cure of mental diseases, could funds be used more profitably than in procuring modern equipment and an adequate staff of trained workers to carry on the work of this department?

PSYCHOLOGICAL REPORT.

The following report is submitted by our Psychologist, Dr. Grace Kent:—

The most obvious and generally recognized function of a psychological department in a State Hospital is the application of mental measurement tests to selected patients referred to us by the physicians, especially cases suspected of mental deficiency, court cases, and various cases in which there is special need of making the mental examination as thorough as possible. It is not necessary that all incoming patients should be tested, nor would this be possible with our present working force. But the psychological test is a routine procedure in the Out-Patient clinics and the juvenile and adolescent subjects who are brought to these clinics for examination are tested with the utmost care and thoroughness.

Unfortunately, we have no adequate means of mental measurement for insane or defective subjects. The Binet scale is fairly satisfactory for testing normal children and because of its successful use in schools it has come to occupy an important place in public confidence. But when used in the clinic it does not yield any such consistent results as are generally attributed to it, and we are in great need of a system of mental measurement better adapted to clinical requirements. This hospital, including its Out-Patient department, offers exceptional opportunities for trying out new methods and the development of a system of tests for use in psychological clinics is probably the most valuable contribution our department can make to clinical psychology.

This project is well under way, and it is this opportunity for constructive work that makes the position an attractive one. Although it is a research proposition that will require several years for its completion, it has already been in use for about six months. The system is being built up gradually and every new unit that is added to it makes our method of testing more trustworthy and more nearly valid. Two preliminary studies of the plan have been presented, one published in the *Journal of Applied Psychology* and the other read at the annual meeting of the American Psychological Association. We have received excellent coöperation from various psychologists engaged in the development of educational tests, and with their aid we have borrowed several thousand records of tests that were made upon school children. The forms we have constructed from these records have made three new tests available for our use.

More than half the apparatus used in our laboratory has been made by us. Psychological equipment is very high priced because of the limited demand for it, and for this reason it has seemed best to make our apparatus as far as possible. A set of tools was added to our equipment early in the year, and we have not asked for anything that could be made here. Our present permanent equipment for testing consists of fifteen pieces valued at \$121.00 and nineteen standard pieces made by ourselves. These home-made puzzles would have no considerable value if placed on sale, but they have a replacement value of \$152.00.

The work of the department is rich with educational possibilities, and it is to be hoped that we shall be able in the future, as this year, to find young women who will consider it worth while to spend a few months assisting with the routine training which they can receive here.

In addition to formal psychological work, we have undertaken to make intensive personality studies of selected patients who are in need of individual attention beyond what their physicians can give them. Women patients frequently feel the need of a close personal friend in whom they can confide freely. We make a practice of holding as confidential any information not already on record that is given us in confidence, the primary purpose of the study being not so much to make the case history complete as to help the patient to make the adjustments needed for life in society. In the selection of the limited number of patients for this intensive work, preference is given to those who give fair promise of being recoverable cases, those who are amenable to reason, and those who are in need of special instruction or of moral influence. It is to be expected that most of these patients will leave the hospital after a comparatively short stay, and it is not of great importance to shorten

the period of hospital care. Our aim is rather to give them better preparation for community life, and thus diminish the chances of their return to the hospital. In some cases this work is supplemented by the Social Service. While the patient is being trained in our laboratory to understand herself and to adapt herself to the conditions of the home, the social worker takes up the matter with the other members of the family and helps them to understand what adjustments are needed to make the home environment favorable to the patient.

SOCIAL SERVICE REPORT.

The following report of our Social Service activities is submitted by Miss Jennie A. Harrington, Social Worker:—

In February Mrs. George Caldicott resigned and the work of the department was conducted for eight months by one worker. In October the services of Miss Theodora Land was secured. Miss Land came to us from the Family Welfare Society of Brooklyn, N. Y. She brings to her task much enthusiasm and devotion which we believe will prove successful in the department.

The work has been carried on during the year very much as outlined in previous reports. Of the 393 cases referred during the year 76 were referred for histories, 56 for investigation of conduct disorders, 32 for employment, 19 for investigation of home conditions, 24 for investigation of patients' statements, 29 for investigation of statements of others, 125 for supervision, 6 for care of patient's family and 25 for personal service.

The outstanding social problems in the above cases were disease, sex, personality, environment, education and legal problems. These problems have been solved by obtaining better environmental conditions, both in home and industry, bringing about changes in point of view and behavior of the patient, adjusting him to his family and community and using every available social resource. Much has been accomplished in the homes by educating the patient and relatives in the simple principles of hygiene and by giving cheer and encouragement.

There were at the beginning of the year 23 patients boarded in private families and at the close of the year 20 were in family care. The visits paid to this group of patients during the year were 84.

A course of four lectures was given to the senior nurses of the hospital, one to Clark University students and two to interested community groups. The social worker is present at the community clinics. An attempt is being made to make some adjustment for this interesting group made up of backward or feeble-minded children, constitutionally psychopathic children, juvenile delinquents and behavior problems. Much can be accomplished by home investigations, school visits and the coöperation of other social agencies.

In review of the year's task, the worth-while work is shown in the lives of a few individuals with whom an intensive work has been done. Through this department 26 patients who had no relatives or coöperating friends were returned to the community and became self-supporting through adjustments made by social service. The following table shows the length of hospital residence of these 26 patients prior to their visit from the hospital:—

Number in hospital 12 years or over, 2.

Number in hospital from 5 to 10 years, 4.

Number in hospital from 1 to 5 years, 10.

Number in hospital less than 1 year, 10.

Aggregate time in hospital of these 26 patients, 77 yrs.

Cost to State on per capita basis for support of 26 patients for 77 years, \$698,537.84.

Number of patients still self-supporting in the community, 21.

Cost to State of the 21 patients who are not out, remained in hospital 1 year more, \$7,327.32.

Approximate cost of Social Service for past year, \$1,822.00.

Therefore, Social Service has saved the State by this work alone \$5,505.32. It is almost futile to attempt to cover so large a territory or to do the work

in a serviceable way without the use of an automobile and a larger staff of workers.

I wish to express my appreciation for the helpfulness of the medical staff and the coöperation received from outside agencies.

REPORT OF OUT-PATIENT CLINICS.

There are at present three clinics. The personnel of all is identical:— Dr. Manly B. Root in charge, Dr. Grace H. Kent, Psychologist, and Miss Theodora Land and Miss Jennie A. Harrington, Social Workers. Miss Justine Adams and Miss Dorothy Corbett have rendered valuable service assisting Dr. Kent. Dr. William A. Bryan, Supt. of this hospital, and Dr. E. C. Sanford, Professor of Psychology of Clark University, act in advisory capacity.

The out-patient clinic at the Summer Street Department of this hospital was discontinued August 18, 1923. Patients disliked coming to this hospital, which is known all over Worcester as a place for Incurable Insane. The first of the new clinics, which we call the Mental Hygiene Clinic, was established May 3, 1923. It is held each Tuesday at 2 P.M. at the Out-Patient Dispensary of the Memorial Hospital, 14 Oak Street. Mrs. Anna Strickland who is in charge of this dispensary has kindly placed all its facilities at our disposal and on the whole arrangements are quite satisfactory. A nurse is provided to assist in the examinations of female patients. Equipment is provided for a physical examination. There are several rooms which we use so that two or three patients can be seen at once. The main objections to this dispensary are the facts that the rooms are not sound-proof and we feel hardly safe in leaving valuable equipment there.

For a while girls from the Girls' Welfare Society were examined at the Memorial Hospital. Most of the patients, however, being unmarried mothers, were embarrassed and diffident. We, therefore, have for several months gone Tuesday mornings to the Girls' Welfare Society's Home and examined the girls there. On the whole this arrangement has been more satisfactory. However, there are no rooms at this home really suitable for these examinations. There is a great deal of distracting noise outside.

The third clinic is known as the Habit Clinic and was established November 14, 1923. It is held each Wednesday at 2 P.M. at the Temporary Home and Day Nursery, 14 Edwards Street. Miss Charlotte Emerson, Superintendent of this home, has kindly placed at our disposal two large rooms which have been furnished satisfactorily. The rooms are really too large, however, and there is no equipment for physical examinations except a scale and a yard stick.

In all these clinics we have attempted to make well rounded studies of these social, physical, psychological and mental conditions present. It is an accepted dictum that proper evaluation prognosis and treatment of cases of delinquency, mental deficiency, peculiar conduct, neuroses and psychoses can be made only after a complete study. As the statistical report shows, most of the cases have been brought in by social workers representing the various charitable organizations. On the whole they have brought in excellent histories taken by our own social workers. We examine most of the patients physically ourselves. The unmarried mothers and some of the other patients have been examined by other physicians before they come to us. Most of the mental examinations consist mainly of getting the patient's story of his or her life and of the particular difficulty. A careful search for incipient neuroses and psychoses is, of course, made. The psychological examination is in the able hands of Dr. Kent. In practically all cases an attempt at an approximate intellectual estimation is made. It has been found impossible in a great many cases to give an accurate "mental age" or "intelligence quotient." Many of the social workers have been trained to expect an exact numerical intelligence report and have expressed disappointment at not receiving it. For the sake of pleasing the agencies and giving them what they want we have attempted to give out mental ages as often as possible. In addition to intelligence estimation some attempt has been made to make vocational tests and to learn of special abilities and disabilities. This function of the clinic can be developed more and more. The Psychologist, furthermore, assists in a personality study where possible.

The Habit Clinic has problems of its own. Examinations of children is rather difficult. The history is, of course, more important in these cases than the examination. We have had few cases as the report shows but have been successful with these. These children are of the pre-school age and have been brought by parents. The problems presented here have been bed-wetting, temper tantrums, mental deficiency, refusal to eat and epilepsy. The other clinic problems have been delinquencies, mental deficiency, neuroses, psychoses and peculiar conduct.

Each Friday at 3 P.M. the cases of the week are discussed in the Director's room of the Public Library, the use of which has been very kindly given us by Mr. Shaw, the Librarian. The clinic personnel attends the conferences. The social workers of the city agencies are invited and have attended freely. Names of patients are withheld and discussion is free and informal. These conferences have proven very interesting and helpful. Stenographic notes are taken of the conference.

The report to the agencies is given in the form of a letter. Various types of letters have been written. A letter modeled in general after the summary in the reports of the Judge Baker Foundation, of Boston, has proven most satisfactory. In all letters a summary of the case is given and attempt is made to explain causative factors. Prognosis and recommendations are then offered. We have seen several cases for further interviews and have actively followed a few. An attempt to obtain notes at frequent intervals as to the progress of all cases is made.

Recently thirty-six letters were sent to as many charitable societies explaining in some detail the nature of the clinics and asking for further coöperation. Replies to some of these letters have been most gratifying. During the coming year we intend to make the Out-Patient Department a real factor for good in the city of Worcester. The director of the clinic will attempt to make more and more contacts with agencies, churches, industrial establishments and courts with the idea of extending our usefulness. The Out-Patient Department will, in addition, take over the function now in the hands of the social service, of supervising hospital patients on visit. Attempts will be made to enlist the aid of agencies, churches and industrial establishments in providing work and supervision for patients just released from the hospital. In this way we hope to be able to release more patients than formerly. In so far as time permits, attempts will be made to study social and industrial conditions in the light of their possible relation to the cause and to the relief of mental disease.

We have been greatly handicapped by the lack of a stenographer and it is hoped that one can be provided.

In the near future a clinic will be established in the Out-Patient Department of the City Hospital. This will receive only adult patients. The age limit will probably arbitrarily be set at twenty-one. The same personnel have charge of this clinic.

LIBRARIAN'S REPORT.

The year 1923 has one outstanding feature, that of opening up the library as a center of activity for both patients and employees.

We began the year by moving into our new "quarters," which consist of one large room about 45 X 35 for the general library and two smaller ones for the use of the medical staff. The move was unquestionably a wise one, but now that the usefulness has grown, and the activities of both libraries promise further expansion, we need more space. This probably would be easily solved could we procure a large room for the medical staff and library in a nearby locality for supervision. It would also solve the problem of housing magazines and journals of value. Our parole patients very quickly found out that they had a large bright and cheery Reading Room to which they could come any time of the day and on Sundays. It is well patronized by patients and employees. We have an average monthly attendance of 263 patients and 314 employees. The circulation of books has been gratifying, these being the average figures for a month:—

Books and magazines taken from Reading Room, 715.

Books and magazines distributed on Wards, 226.

Total, 941.

The general library has about 4,000 volumes, the greater part of which is general literature. Our patients do not and will not read books out of date or small print. The medical library has about 900 volumes and 300 reprints, most of the books having been classified and catalogued within the year, according to the system compiled by Mr. Ballard, Librarian of the Boston Medical Library. For the year 1923 we subscribed for 70 magazines: General 29, Medical 22, Technical 20.

In May a few patients and employees met in the library and organized "The Club," the members being all patients and employees using the library—to be the center where they can meet for literary and musical recreation. Once a month we plan to have an informal entertainment in the Reading Room. In November we had a benefit dance for the employees to raise money to buy a Victrola for use in the library, at stated times, and also to take to the wards when the occasion occurs. We were fortunate in clearing the price of the machine and in buying a few records. The machine has proved a source of recreation for all and now we need more records as the more varied the music is the more enjoyable it is. Occasionally there is a half-hour's dance after lunch.

One item I ought to have added is the fact that twice a week 12 or 16 patients from the Industrial Department (Folsom 1) come in and the increased interest they find and take in the room is gratifying. Instead of standing still and looking rather vacant, they help themselves to reading matter and look at magazines. They enjoy the music too.

RECOMMENDATIONS AND REQUIREMENTS.

I would again call attention to the necessity for a rearrangement of our present method of food distribution. At the present time there is a dining room on every ward in the hospital, 42 in all, and the food which is prepared in the general kitchen has to be transported to the end of the building for some wards and up four floors. It is impossible to serve this food in a proper manner. Our food elevators are entirely too small to permit insulated containers to be used, although we have been experimenting along this line. A congregate dining room would seem to be the only solution of this problem.

I again wish to mention the necessity for a modern refrigerating plant. Our equipment for the storage of food is entirely inadequate and our space for general storage is not sufficient to take care of supplies in the quantities in which they are being purchased at the present time.

I again call attention to the necessity of replacing our wooden stair-cases with stair-cases of fire proof construction and also the advisability of sprinkling systems both at the Main Hospital and Summer Street. There is also an urgent need of additional fire escapes, both at the Main Hospital and the Summer Street Department. At the Summer Street Department two fire escapes lead only to the first floor and allow no egress from there to the ground. We should have fire escapes on the following groups of wards at the Main Hospital:—Woodward, Hooper Hall, Folsom, Thayer, Gage Hall and Quinby. These points have been covered in the recent inspection of our hospital by the State Department of Public Safety, and certain recommendations have been made which should be carried out.

PROJECTS COMPLETED.

During the year all of our continuous tubs and our general bath house have been equipped with power regulators, and additional ones are being installed on all bath tubs, other than the ones mentioned. New lights have been placed in the attic of the Main Hospital. The following wards have been re-painted and renovated during the year:—Washburn 2 and Washburn 3, Salisbury 2, and we are at present working on Appleton 4. A cement floor has been put in through the entire male basement and our basement is now cement throughout. The renovation of the Lincoln toilets is almost complete. The Howe toilets have been completed and are now in operation. A new floor has been put in the operating room and the entire operating suite renovated and re-painted.

The minor repairs have been carried on in both departments, but certain things have necessarily had to be neglected on account of the lack of sufficient

money to carry on the work. I refer particularly to the condition of our roofs. A complete over-hauling of these roofs is necessary and the longer this matter is delayed the more expensive such repairs will be. It will require approximately \$7,000 to put our roofs in a first class condition and a yearly outlet of approximately \$2,000 is necessary to keep them in the proper state of repair.

At the Summer Street Department the principal project of the year was the completion of the cement floor in the old heat shaft and the replacement of the antiquated kitchen equipment of a more modern type. Two insulated food carts have been put into service to supply the male dining room and it is our intention to place two more in commission this year. The arrangement at the Summer Street Department lends itself very nicely to the use of these food carts.

It seems proper at this time to call attention to the fact that the buildings, both at the Main Hospital and at the Summer Street Department are old and a considerable sum is needed each year to keep up the minor repairs. If these repairs are neglected any one year the expense is much heavier the following year. The buildings should be kept in a good state of repair in order to conserve them. The supervision of these repairs under our present repair system is excellent and we have begun during the year the installation of a cost system on repairs, which will give us fairly accurately the amount of money needed to maintain our buildings in first class condition.

I wish to take this opportunity of acknowledging the splendid loyalty and coöperation of the medical staff, heads of departments, officers and employees of the hospital. It is very largely through their splendid coöperation and ability that we have been able to make such progress as we have. I have found at all times a willingness to put aside personal consideration for the good of the hospital. I wish to acknowledge the kindness and courtesy of the various organizations in the city of Worcester who have contributed so generously of their time and energies in the entertainment of our patients. The Veterans' organizations have been coöperative, helpful and ready and willing to assist us at all times.

In conclusion, I wish to express my gratitude to the members of the Board of Trustees for the support and coöperation given me during the year. I have not hesitated to call upon all of them for advice and assistance and they have been always ready and willing to give freely of their time and energies in working out the problems of this hospital.

TREASURER'S REPORT.

To the Department of Mental Diseases.

I respectfully submit the following report of the finances of this institution for the fiscal year ending November 30, 1923.

CASH ACCOUNT.			
Balance December 1, 1922			\$26,519 32
<i>Receipts.</i>			
<i>Income.</i>			
Board of inmates: —			
Private		\$32,548 99	
Reimbursements, insane		47,184 02	
			\$79,733 01
Personal services:			
Reimbursement from Board of Retirement			212 84
Sales:			
Travel, transportation and office expenses		\$34 07	
Food		206 78	
Clothing and materials		146 33	
Furnishings and household supplies		82 51	
Medical and general care		152 39	
Heat, light and power		123 17	
Farm:			
Hides		\$29 43	
Sundries		1 48	
			30 91
Repairs, ordinary		408 12	
			1,184 28
Amounts carried forward			\$81,130 13 \$26,519 32

P.D. 23.

15

Amounts brought forward	\$81,130 13	\$26,519 32
Miscellaneous:		
Interest on bank balances	\$1,221 10	
Rent	1,365 00	
	<u>2,586 10</u>	83,716 23
Other receipts:		
Refunds of previous year	\$9 15	
Refunds on account of wages unclaimed	38 78	
	<u>47 93</u>	
Receipts from Treasury of Commonwealth.		
Maintenance appropriations:		
Balance of 1922	\$6,738 64	
Advance money (amount on hand November 30)	40,000 00	
Approved schedules of 1923	576,694 14	
		623,432 78
Special appropriations:		
Balance of 1922	\$243 05	
Approved schedules of 1923 (paid by State Treasurer, \$4,788.37)	6,851 19	
	<u>7,094 24</u>	
Total		\$740,810 50
<i>Payments.</i>		
To treasury of Commonwealth:		
Institution income	\$83,716 23	
Refunds on account maintenance	348 00	
Refunds of previous year	9 15	
Refunds on account wages unclaimed	38 78	
	<u>\$84,112 16</u>	
Maintenance appropriations:		
Balance of schedules of previous year (November schedule, \$52,002.12; less advance, \$18,502.26)	\$33,499 86	
Approved schedules of 1923	\$576,694 14	
Less returned	348 00	
	<u>576,346 14</u>	
November advances	17,977 37	
	<u>627,823 37</u>	
Special appropriations:		
Balance of schedules of previous year	\$243 05	
Approved schedules of 1923	\$6,851 19	
Less advances, last year's report	241 90	
	<u>6,609 29</u>	
		6,852 34
Balance November 30, 1923:		
In bank	\$21,449 77	
In office	572 86	
	<u>22,022 63</u>	
Total		\$740,810 50
<i>MAINTENANCE.</i>		
Balance from previous year, brought forward		\$80 13
Appropriation, current year		731,489 39
Total		\$731,569 52
Expenses (as analyzed below)		717,484 28
Balance reverting to treasury of Commonwealth		\$14,085 24
<i>Analysis of Expenses.</i>		
Personal services		\$315,867 80
Religious instruction		1,840 00
Travel, transportation and office expenses		8,029 87
Food		135,145 61
Clothing and materials		17,674 98
Furnishings and household supplies		39,652 25
Medical and general care		31,515 81
Heat, light and power		95,495 01
Farm		27,329 57
Garage, stable and grounds		5,266 34
Repairs, ordinary		22,332 91
Repairs and renewals		17,344 13
Total expenses for maintenance		\$717,484 28
<i>SPECIAL APPROPRIATIONS.</i>		
Balance December 1, 1922		\$12,660 95
Amounts from previous year		470 35
Total		\$13,131 30
Expended during the year (see statement below)	\$12,534 97	
Reverting to treasury of Commonwealth	125 98	
	<u>12,660 95</u>	
Balance November 30, 1923, carried to next year		\$470 35

OBJECT.	Act or Resolve.	Whole Amount.	Expended during Fiscal Year.	Total expended to Date.	Balance at end of Year.
Remodeling heating system	Chap. 126, Acts 1922	\$3,114 24	-	\$2,643 89	\$470 35
Alterations in heating shaft	Chap. 203, Acts 1921	16,000 00	-	15,874 02	125 95*
		\$19,114 24	-	\$18,517 91	\$596 33

* Balance reverting to treasury of the Commonwealth \$125 98
 Balance carried to next year 470 35
 Total as above \$596 33

RESOURCES AND LIABILITIES.

Resources.

Cash on hand \$22,022 63
 November cash vouchers (paid from advance money), on account of main-
 tenance 17,977 37
 \$40,000 00

Liabilities.

Outstanding schedules of current year:
 Advance money 1923 \$40,000 00

PER CAPITA.

During the year the average number of inmates has been 2,113.09.
 Total cost for maintenance, \$717,484.28.
 Equal to a weekly per capita cost of \$6.5296.
 Receipt from sales, \$1,184.28.
 Equal to a weekly per capita of \$0.0107.
 All other institution receipts, \$82,531.95.
 Equal to a weekly per capita of \$0.7511.
 Net weekly per capita \$5.7677.

Respectfully submitted,

JESSIE M. D. HAMILTON,
Treasurer.

Examined and found correct as compared with the records in the office of the Comptroller.

JAMES C. McCORMICK,
Comptroller.

VALUATION.

Nov. 30, 1923.

REAL ESTATE.

Land (589 acres) \$416,357 00
 Buildings 2,182,731 49
 \$2,599,088 49

PERSONAL PROPERTY.

Travel, transportation and office supplies \$11,164 20
 Food 19,224 65
 Clothing and materials 31,561 41
 Furnishings and household supplies 259,362 68
 Medical and general care 23,747 12
 Heat, light and power 38,335 31
 Farm 26,802 43
 Garage, stable and grounds 11,412 71
 Repairs 26,647 59

\$448,258 10

Summary.

Real estate \$2,599,088 49
 Personal property 448,258 10

\$3,047,346 59

STATEMENT OF FUNDS.

PATIENT'S FUND.			
Balance on hand November 30, 1922		\$9,184 62	
Receipts		10,371 58	
Interest		421 49	
			\$19,977 69
Refunded		\$7,122 08	
Interest paid to State treasury		421 49	
			7,543 57
			\$12,434 12
Investment.			
Worcester County Institution for Savings		\$2,000 00	
Worcester Five Cents Savings Bank		2,000 00	
Worcester Mechanics Savings Bank		2,000 00	
People's Savings Bank		2,000 00	
Balance Worcester Bank and Trust Company		4,055 93	
Cash on hand December 1, 1923		378 19	
			\$12,434 12
LEWIS FUND.			
Balance on hand November 30, 1922		\$1,563 93	
Income		65 50	
			\$1,629 43
Expended for entertainments, etc.			36 00
			\$1,593 43
Investment.			
American Telephone and Telegraph Company collateral trust 4% bond		\$926 36	
Fourth Liberty Loan bonds		600 00	
Balance Worcester Bank and Trust Company		67 07	
			\$1,593 43
WHEELER FUND.			
Balance on hand November 30, 1922		\$6,127 75	
Income		265 24	
			\$6,392 99
Expended for entertainments and magazines.			5 00
			\$6,387 99
Investment.			
American Telephone and Telegraph Company collateral trust 4% bond		\$712 50	
Third Liberty Loan Bonds		4,000 00	
Fourth Liberty Loan Bonds		1,300 00	
Balance Worcester Bank and Trust Company		375 49	
			\$6,387 99
MANSON FUND.			
Balance on hand November 30, 1922		\$1,127 50	
Income		46 75	
			\$1,174 25
Expended for entertainments			25 00
			\$1,149 25
Investment.			
Fourth Liberty Loan Bonds		\$1,100 00	
Balance Worcester Bank and Trust Company		49 25	
			\$1,149 25

Respectfully submitted,

JESSIE M. D. HAMILTON,
Treasurer.

Nov. 30, 1923.

N. B. — The values assigned to the above securities are their respective purchase prices.

STATISTICAL TABLES.

AS ADOPTED BY AMERICAN PSYCHIATRIC ASSOCIATION.

PRESCRIBED BY MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES.

TABLE 1. — *General Information.*

1. Date of opening as an institution for the insane: Jan. 18, 1833.

2. Type of institution: State.

3. Hospital plant:

Value of hospital property:

Real estate, including buildings	\$2,586,980 53
Personal property	392,769 17

Total	\$2,979,749 70
-----------------	----------------

Total acreage of hospital, 589.16.

Acreage under cultivation during previous year, 263.75.

	M.	F.	T.
4. Medical service:			
Superintendent	1	—	1
Assistant physicians	11	—	11
Medical internes	—	—	—
Dentist	1	—	1
Total physicians	13	—	13
	M.	F.	T.
5. Employees on pay roll (not including physicians):			
Graduate nurses	2	29	31
Other nurses and attendants	118	93	211
All other employees	91	80	171
Total employees	211	202	413
	M.	F.	T.
6. Patients employed in industrial classes or in general hospital work on date of report	733	734	1,467
7. Patients in institution on date of report (excluding paroles)	1,079	1,066	2,145

TABLE 2. — FINANCIAL STATEMENT.

See treasurer's report for data requested under this table.

TABLE 3. — *Movement of Patient Population for the Year ending September 30, 1923.*

	INSANE.			TEMPORARY CARE.			SANE, VOLUNTARY.			TOTAL ON BOOKS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Patients on books of institution Sept. 30, 1922	1,268	1,172	2,440							1,270	1,177	2,447
Admissions during year:												
(a) First admissions	246	216	462	27	15	42	1	1	2	274	232	506
(b) Readmissions	67	55	122	10	9	19				77	64	141
Total admissions	313	271	584	37	24	61	1	1	2	351	296	647
(c) Transfers from other institutions for the insane	62	26	88							62	26	88
2. Total received during year	375	297	672	37	24	61	1	1	2	413	322	735
3. Total under treatment during year	1,643	1,469	3,112	39	29	68	1	1	2	1,683	1,499	3,182
Discharged from books during year:												
(a) As recovered	19	12	31	11	3	14				30	15	45
(b) As improved	87	106	193	4	1	5				91	107	198
(c) As unimproved	44	30	74	1	5	6				45	35	80
(d) As not insane	10	11	21	15	9	24				25	20	45
(e) Transferred to other institutions for the insane	9	7	16							9	7	16
(f) Died during year	108	100	208	2	2	4				110	103	213
(g) Nominally discharged for change of status		266	543	1	5	6				1	5	6
4. Total discharged from books during year	277	266	543	34	25	59				311	292	603
5. Patients remaining on books of institution Sept. 30, 1923	1,366	1,203	2,569	5	4	9	1		1	1,372	1,207	2,579
<i>Supplementary Data.</i>												
6a. Average daily number of patients on books during year	1,308.15	1,178.90	2,487.05	5.40	3.91	9.31	.36	.19	.55	1,313.91	1,183.00	2,496.91
6b. Average daily number of patients actually in the institution during year	1,048.82	1,016.83	2,065.65	5.40	3.91	9.31	.36	.19	.55	1,054.58	1,020.93	2,075.51
7a. Average daily number of patients in family care		20.69	20.69							20.69		
7b. Average daily number of patients on visit and escape	259.33	141.38	400.71							259.33	141.38	400.71
8. Number of voluntary patients admitted during year	2	1	3				1	1	2	3	2	5
9. Number of temporary cases admitted during year				123	107	230				123	107	230
10. Number of patients actually remaining in institution Sept. 30, 1923	1,075	1,045	2,120	5	4	9	1	1	1	1,081	1,049	2,130
State	947	942	1,889	5	4	9	1	1	1	953	946	1,899
Reimbursing	105	147	147							105	42	147
Private	23	61	84							23	61	84
11. Number of patients in family care, Sept. 30, 1923		19	19								19	19
State		11	11								11	11
Reimbursing		8	8								8	8
Private		5	5								5	5
12. Number of non-insane patients in institution at end of year							1			1		
(a) All other cases							1			1		
(b) Persons given treatment in out-patient department during year							1			1		
										93	124	217

TABLE 4. — *Nativity of First Admissions and of Parents of First Admissions.*

NATIVITY.	PATIENTS.			PARENTS OF MALE PATIENTS.			PARENTS OF FEMALE PATIENTS.		
	M.	F.	T.	F. ¹	M. ²	Both.	F. ¹	M. ²	Both.
United States	103	112	215	39	40	79	51	49	100
Albania	4	—	4	4	4	8	—	—	—
Asia	1	—	1	1	1	2	—	—	—
Australia	—	—	—	1	—	1	—	—	—
Austria	2	3	5	2	2	4	3	4	7
Canada	27	26	53	35	31	66	32	34	66
Cuba	1	—	1	—	1	1	—	—	—
England	8	13	21	10	7	17	9	12	21
Finland	3	1	4	4	4	8	1	1	2
France	1	1	2	1	1	2	2	2	4
Germany	2	1	3	2	2	4	1	—	1
Greece	6	—	6	6	6	12	—	—	—
Holland	—	1	1	1	2	3	1	1	2
Ireland	19	30	49	46	49	95	58	55	113
Italy	12	6	18	13	13	26	7	7	14
Norway	2	—	2	2	2	4	—	—	—
Philippine Islands	1	—	1	1	1	2	—	—	—
Poland	15	6	21	17	16	33	7	7	14
Portugal	2	—	2	2	2	4	—	—	—
Russia	27	8	35	29	30	59	8	8	16
Scotland	2	2	4	5	4	9	5	5	10
Sweden	6	2	8	8	9	17	5	5	10
West Indies	1	2	3	1	1	2	2	2	4
Total foreign born	142	102	244	191	188	379	141	143	284
Unascertained	1	2	3	16	18	34	24	24	48
Grand totals	246	216	462	246	246	492	216	216	432

¹ Fathers.² Mothers.TABLE 5. — *Citizenship of First Admissions.*

	M.	F.	T.
Citizens by birth	103	112	215
Citizens by naturalization	25	14	39
Aliens	91	57	148
Citizens unascertained	27	33	60
Totals	246	216	462

TABLE 6. — *Psychoses of First Admissions.*

PSYCHOSES.	M.	F.	T.	M.	F.	T.
1. Traumatic, total . . . . .	.	.	.	—	—	—
2. Senile, total . . . . .	.	.	.	15	24	39
Simple deterioration	10	18	28	.	.	.
Delirious and confused types	1	—	1	.	.	.
Depressed and agitated types	1	—	1	.	.	.
Paranoid types	3	6	9	.	.	.
3. With cerebral arteriosclerosis . . . . .	.	.	.	26	17	43
4. General paralysis . . . . .	.	.	.	21	6	27
5. With cerebral syphilis . . . . .	.	.	.	1	3	4
6. With Huntington's chorea . . . . .	.	.	.	—	—	—
7. With brain tumor . . . . .	.	.	.	—	—	—
8. With other brain or nervous diseases, total . . . . .	.	.	.	2	—	2
Other diseases	2	—	2	.	.	.
9. Alcoholic, total . . . . .	.	.	.	45	2	47
Pathological intoxication	2	—	2	.	.	.
Delirium tremens	7	—	7	.	.	.
Korsakow's psychosis	1	1	2	.	.	.
Acute hallucinosis	18	—	18	.	.	.
Chronic hallucinosis	10	—	10	.	.	.
Acute paranoid type	4	1	5	.	.	.
Alcoholic deterioration	3	—	3	.	.	.
10. Due to drugs and other exogenous toxins, total . . . . .	.	.	.	—	—	—
Other exogenous toxins (to be specified)	—	—	—	.	.	.
11. With pellagra . . . . .	.	.	.	—	—	—
12. With other somatic diseases, total . . . . .	.	.	.	2	12	14
Delirium with infectious diseases	—	2	2	.	.	.
Post-infectious psychosis	—	2	2	.	.	.
Exhaustion delirium	1	3	4	.	.	.
Cardio-renal diseases	1	4	5	.	.	.
Diseases of the ductless glands	—	1	1	.	.	.
Other diseases or conditions (to be specified)	—	—	—	.	.	.
13. Manic-depressive, total . . . . .	.	.	.	14	30	44
Manic type	3	7	10	.	.	.
Depressed type	6	22	28	.	.	.
Mixed type	5	1	6	.	.	.
14. Involution melancholia . . . . .	.	.	.	3	7	10
15. Dementia præcox, total . . . . .	.	.	.	40	53	93
Paranoid type	17	29	46	.	.	.
Catatonic type	11	9	20	.	.	.
Hebephrenic type	8	12	20	.	.	.
Simple type	4	3	7	.	.	.
16. Paranoia or paranoid conditions . . . . .	.	.	.	6	12	18
17. Epileptic, total . . . . .	.	.	.	1	—	1
Epileptic deterioration	1	—	1	.	.	.
18. Psychoneuroses and neuroses, total . . . . .	.	.	.	2	6	8
Hysterical type	2	2	4	.	.	.
Neurasthenic type	—	1	1	.	.	.
Anxiety neuroses	—	3	3	.	.	.
19. With psychopathic personality . . . . .	.	.	.	—	—	—
20. With mental deficiency . . . . .	.	.	.	3	5	8
21. Undiagnosed . . . . .	.	.	.	50	34	84
22. Without psychosis, total . . . . .	.	.	.	15	5	20
Alcoholism	2	—	2	.	.	.
Psychopathic personality	7	2	9	.	.	.
Mental deficiency	5	3	8	.	.	.
Others	1	—	1	.	.	.
Totals . . . . .	.	.	.	246	216	462

TABLE 7. — *Race of First Admissions classified with Reference to Principal Psychoses.*

RACE.	TOTAL.			SENILE.			WITH CEREBRAL ARTERIO-SCLEROSIS.			GENERAL PARALYSIS.			WITH CEREBRAL SYPHILIS.			WITH OTHER BRAIN OR NERVOUS DISEASES.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	5	5	10	-	-	-	1	-	1	1	-	1	-	1	1	-	-	-
Albanian (Turkish)	4	1	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cuban	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dutch and Flemish	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
East Indian	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
English	14	13	27	-	2	2	3	-	3	2	-	2	-	-	-	-	-	-
Finnish	3	1	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
French	22	22	44	1	2	3	4	-	4	1	1	2	-	-	-	-	-	-
German	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Greek	7	-	7	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Hebrew	10	3	13	1	-	1	2	-	2	1	-	1	-	-	-	-	-	-
Irish	51	57	108	5	9	14	6	6	12	3	-	3	-	1	1	-	-	-
Italian	12	8	20	-	-	-	3	-	3	5	-	5	-	-	-	-	-	-
Lithuanian	10	4	14	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
Portuguese	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scandinavian	10	5	15	1	1	2	1	1	2	1	-	1	-	-	-	-	-	-
Scotch	4	6	10	-	2	2	-	-	-	1	-	1	-	-	-	-	-	-
Slavonic	28	10	38	-	-	-	-	1	1	1	-	1	-	-	-	-	-	-
Turkish	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
West Indian	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mixed	45	61	106	7	7	14	6	6	12	4	5	9	1	-	1	-	-	-
Race unascertained	12	17	29	-	1	1	-	2	2	-	-	-	-	1	1	-	-	-
Totals	246	216	462	15	24	39	26	17	43	21	6	27	1	3	4	2	-	2

TABLE 7. — *Race of First Admissions classified with Reference to Principal Psychoses*
— Continued.

RACE.	ALCOHOLIC.			WITH OTHER SOMATIC DISEASES.			MANIC-DEPRESSIVE.			INVOLUTION MELANCHOLIA.			DEMENCIA PRÆCOX.			PARANOIA AND PARANOID CONDITIONS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	2	-	2	-	-	-	-	-	-	-	-	-	1	4	5	-	-	-
Albanian (Turkish)	-	-	-	-	-	-	2	1	3	-	-	-	1	-	1	-	-	-
Cuban	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
Dutch and Flemish	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
East Indian	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
English	3	-	3	-	-	-	1	5	6	1	-	1	1	3	4	-	-	-
Finnish	2	-	2	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-
French	4	-	4	2	1	3	2	3	5	-	1	1	3	8	11	-	-	-
German	1	-	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
Greek	-	-	-	-	-	-	-	-	-	1	-	1	2	-	-	-	-	-
Hebrew	-	-	-	-	-	-	1	-	1	-	-	-	4	1	5	-	-	7
Irish	16	2	18	-	3	3	1	6	7	1	4	5	3	14	17	2	5	7
Italian	-	-	-	-	-	-	-	1	1	-	-	-	2	4	6	1	-	1
Lithuanian	6	-	6	-	1	1	-	1	1	-	-	-	1	1	2	-	-	-
Portuguese	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	-	1
Scandinavian	1	-	1	-	1	1	1	1	2	-	-	-	3	-	3	-	-	-
Scotch	2	-	2	-	1	1	-	-	-	-	1	1	-	-	-	-	-	-
Slavonic	5	-	5	-	-	-	2	1	3	-	-	-	7	4	11	1	1	2
Turkish	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
West Indian	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
Mixed	3	-	3	-	4	4	3	9	12	-	1	1	8	11	19	-	4	4
Race unascertained	-	-	-	-	1	1	-	1	1	-	-	-	-	3	3	1	2	3
Totals	45	2	47	2	12	14	14	30	44	3	7	10	40	53	93	6	12	18

TABLE 7. — *Race of First Admissions classified with Reference to Principal Psychoses*
— Concluded.

RACE.	EPILEPTIC PSYCHOSES.			PSYCHO- NEUROSES AND NEUROSES.			WITH MENTAL DEFICIENCY.			UNDIAGNOSED PSYCHOSES.			NOT INSANE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Albanian (Turkish)	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
Cuban	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dutch and Flemish	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-
East Indian	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
English	-	-	-	-	1	1	-	-	-	2	2	4	1	-	1
Finnish	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-
French	-	-	-	-	1	1	-	-	-	4	5	9	1	-	1
German	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Greek	-	-	-	-	-	-	-	-	-	2	-	2	1	-	1
Hebrew	-	-	-	-	-	-	1	1	2	-	1	1	-	-	-
Irish	1	-	1	-	2	2	1	1	2	10	4	14	2	-	2
Italian	-	-	-	-	1	1	-	-	-	1	1	2	-	1	1
Lithuanian	-	-	-	-	-	-	-	-	-	3	-	3	-	-	-
Portuguese	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scandinavian	-	-	-	-	-	-	-	-	-	2	1	3	-	-	-
Scotch	-	-	-	1	-	1	-	1	1	-	1	1	-	-	-
Slavonic	-	-	-	-	-	-	1	-	1	8	2	10	3	1	4
Turkish	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
West Indian	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-
Mixed	-	-	-	1	-	1	-	2	2	10	10	20	2	2	4
Race unascertained	-	-	-	-	1	1	-	-	-	6	4	10	5	1	6
Totals	1	-	1	2	6	8	3	5	8	50	34	84	15	5	20

TABLE 8. — *Age of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			UNDER 15 YEARS.			15-20 YEARS.			20-25 YEARS.			25-30 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile	15	24	39	-	-	-	-	-	-	-	-	-	-	-	-
3. With cerebral arteriosclerosis	26	17	43	-	-	-	-	-	-	-	-	-	1	-	1
4. General paralysis	21	6	27	-	-	-	-	-	-	-	-	-	-	-	-
5. With cerebral syphilis	1	3	4	-	-	-	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous dis- eases	2	-	2	-	-	-	1	-	1	-	-	-	-	-	-
9. Alcoholic	45	2	47	-	-	-	-	-	-	1	-	1	3	-	3
10. Due to drugs or other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	2	12	14	-	-	-	-	-	-	2	2	4	1	1	2
13. Manic-depressive	14	30	44	-	-	-	2	1	3	4	4	8	1	5	6
14. Involution melancholia	3	7	10	-	-	-	-	-	-	-	-	-	-	-	-
15. Dementia præcox	40	53	93	-	-	-	4	1	5	11	6	17	12	14	26
16. Paranoia or paranoid condition	6	12	18	-	-	-	1	-	1	-	-	-	-	-	-
17. Epileptic	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses	2	6	8	-	-	-	1	1	-	-	-	-	-	-	-
19. With psychopathic personality	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency	3	5	8	-	-	-	1	-	1	-	1	1	1	1	2
21. Undiagnosed	50	34	84	1	-	1	4	2	6	4	2	6	4	5	9
22. Without psychoses	15	5	20	-	1	1	2	1	3	3	2	5	2	1	3
Totals	246	216	462	1	1	2	15	6	21	23	17	40	25	27	52

TABLE 8. — *Age of First Admissions classified with Reference to Principal Psychoses*
— Continued.

PSYCHOSES.	30-35 YEARS.			35-40 YEARS.			40-45 YEARS.			45-50 YEARS.			50-55 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3. With cerebral arteriosclerosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4. General paralysis	3	1	4	3	1	4	5	2	7	5	-	5	1	-	1
5. With cerebral syphilis	-	-	-	-	-	-	-	1	1	1	-	1	-	1	1
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous dis- eases	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
9. Alcoholic	8	-	8	7	-	7	9	-	9	6	-	6	5	2	7
10. Due to drugs or other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	-	-	-	-	-	-	2	2	-	3	3	-	2	2	-
13. Manic-depressive	2	5	7	-	5	5	3	1	4	-	1	1	1	5	6
14. Involution melancholia	-	-	-	-	-	-	3	3	1	2	3	1	1	2	-
15. Dementia præcox	7	8	15	3	10	13	2	6	8	1	6	7	1	2	2
16. Paranoia or paranoid condition	-	2	2	-	1	1	-	-	-	1	1	2	1	5	6
17. Epileptic	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses	-	2	2	1	-	1	-	-	-	1	1	2	-	1	1
19. With psychopathic personality	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency	-	1	1	1	1	2	-	-	-	1	1	-	-	-	-
21. Undiagnosed	6	7	13	5	2	7	7	7	14	4	4	8	5	-	5
22. Without psychoses	2	-	2	1	-	1	-	-	-	1	-	-	1	-	1
Totals	29	26	55	21	20	41	27	22	49	21	19	40	15	19	34

TABLE 8. — *Age of First Admissions classified with Reference to Principal Psychoses*
— Concluded.

PSYCHOSES.	55-60 YEARS.			60-65 YEARS.			65-70 YEARS.			70-75 YEARS.			75 YEARS AND OVER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile	-	1	1	1	3	4	3	3	6	9	5	14	2	12	14
3. With cerebral arteriosclerosis	4	2	6	8	5	13	7	2	9	2	6	8	4	2	6
4. General paralysis	2	1	3	1	1	2	1	-	1	-	-	-	-	-	-
5. With cerebral syphilis	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous dis- eases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Alcoholic	2	-	2	3	-	3	-	-	-	1	-	1	-	-	-
10. Due to drugs or other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	-	1	1	-	-	-	1	1	2	-	-	-	-	-	-
13. Manic-depressive	-	2	2	-	1	1	-	-	1	-	-	-	-	-	-
14. Involution melancholia	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-
15. Dementia præcox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
16. Paranoia or paranoid condition	2	2	4	-	1	1	-	-	-	1	-	1	-	-	-
17. Epileptic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
19. With psychopathic personality	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
21. Undiagnosed	4	2	6	1	1	2	2	1	3	1	-	1	2	1	3
22. Without psychoses	1	-	1	2	-	2	-	-	-	-	-	-	-	-	-
Totals	16	13	29	16	13	29	15	7	22	14	11	25	8	15	23

TABLE 9. — Degree of Education of First Admissions classified with Reference to Psychoses.

PSYCHOSES.	TOTAL.			ILLITERATE.			READS AND WRITES.			COMMON SCHOOL.			HIGH SCHOOL.			COLLEGE.			UNASCERTAINED.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
1. Traumatic	15	24	39	2	5	7	4	4	3	9	10	19	—	1	11	—	—	—	—	—	—	—
2. Senile	26	17	43	2	4	6	8	1	9	12	8	20	—	—	—	—	—	—	—	4	4	8
3. With cerebral arteriosclerosis	21	6	27	2	—	2	4	1	5	12	5	17	—	—	—	—	—	—	—	4	4	2
4. General paralysis	1	3	4	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	2	—	—
5. With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic	45	2	47	7	—	7	8	1	8	27	2	29	1	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	2	12	14	—	1	1	—	—	—	2	9	11	—	—	—	—	—	—	—	—	—	—
13. Manic-depressive	14	30	44	—	—	—	1	1	2	9	22	31	3	—	—	—	—	—	—	1	2	3
14. Involution melancholia	3	7	10	1	—	1	1	1	2	5	5	5	—	—	—	—	—	—	—	1	5	1
15. Dementia præcox	40	53	93	2	2	4	5	5	10	25	36	61	6	—	—	—	—	—	—	1	5	6
16. Paranoia and paranoid condition	6	12	18	1	—	1	1	—	—	1	9	10	1	—	—	—	—	—	—	2	1	3
17. Epileptic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	3
18. Psychoneuroses and neuroses	2	6	8	—	1	1	—	—	—	—	5	5	2	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. With psychopathic personality	3	5	8	1	1	2	1	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—
21. With mental deficiency	50	34	84	6	3	9	9	1	11	22	23	45	5	—	—	—	—	—	—	1	2	3
22. Undiagnosed	15	5	20	2	1	3	4	1	5	8	3	11	—	—	—	—	—	—	—	1	5	9
23. Not insane	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	246	216	462	26	18	44	47	16	63	128	140	268	19	13	32	6	5	11	20	24	44	44

TABLE 10. — *Environment of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTALS.			URBAN.			RURAL.			UNASCERTAINED.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile	15	24	39	15	22	37	—	2	2	—	—	—
3. With cerebral arteriosclerosis	26	17	43	23	13	36	3	4	7	—	—	—
4. General paralysis	21	6	27	19	6	25	2	—	2	—	—	—
5. With cerebral syphilis	1	3	4	1	3	4	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	2	—	2	2	—	2	—	—	—	—	—	—
9. Alcoholic	45	2	47	39	2	41	6	—	6	—	—	—
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	2	12	14	—	9	9	2	3	5	—	—	—
13. Manic-depressive	14	30	44	10	28	38	4	2	6	—	—	—
14. Involution melancholia	3	7	10	3	7	10	—	—	—	—	—	—
15. Dementia præcox	40	53	93	38	40	78	2	13	15	—	—	—
16. Paranoia or paranoid condition	6	12	18	4	9	13	2	3	5	—	—	—
17. Epileptic	1	—	1	1	—	1	—	—	—	—	—	—
18. Psychoneuroses and neuroses	2	6	8	2	6	8	—	—	—	—	—	—
19. With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	3	5	8	3	5	8	—	—	—	—	—	—
21. Undiagnosed	50	34	84	40	31	71	10	3	13	—	—	—
22. Not insane	15	5	20	11	5	16	4	—	4	—	—	—
Totals	246	216	462	211	186	397	35	30	65	—	—	—

TABLE 11. — *Economic Condition of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			DEPENDENT.			MARGINAL.			COMFORTABLE.			UNASCERTAINED.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile	15	24	39	—	1	1	4	10	14	11	13	24	—	—	—
3. With arteriosclerosis	26	17	43	—	—	—	13	8	21	13	9	22	—	—	—
4. General paralysis	21	6	27	—	—	—	9	2	11	12	4	16	—	—	—
5. With cerebral syphilis	1	3	4	—	—	—	1	3	4	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	2	—	2	—	—	—	—	—	—	2	—	2	—	—	—
9. Alcoholic	45	2	47	—	—	—	22	1	23	23	1	24	—	—	—
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	2	12	14	—	2	2	2	2	4	—	8	8	—	—	—
13. Manic-depressive	14	30	44	—	—	—	3	8	11	11	22	33	—	—	—
14. Involution melancholia	3	7	10	—	—	—	3	3	6	—	4	4	—	—	—
15. Dementia præcox	40	53	93	1	—	1	10	20	30	29	33	62	—	—	—
16. Paranoia or paranoid condition	6	12	18	—	2	2	4	10	14	2	—	2	—	—	—
17. Epileptic	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
18. Psychoneuroses and neuroses	2	6	8	—	2	2	2	4	6	—	—	—	—	—	—
19. With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	3	5	8	1	1	2	2	1	3	—	3	3	—	—	—
21. Undiagnosed	50	34	84	4	1	5	20	10	30	26	23	49	—	—	—
22. Without psychosis	15	5	20	1	2	3	7	2	9	7	1	8	—	—	—
Totals	246	216	462	7	11	18	103	84	187	136	121	257	—	—	—

TABLE 12. — *Use of Alcohol by First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			ABSTINENT.			TEMPERATE.			INTEMPERATE.			UNASCERTAINED.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile	15	24	39	1	1	2	8	15	23	5	—	5	1	8	9
3. With cerebral arteriosclerosis	26	17	43	4	—	4	15	15	30	3	—	3	4	2	6
4. General paralysis	21	6	27	3	—	3	12	6	18	4	—	4	2	—	2
5. With cerebral syphilis	1	3	4	—	—	—	1	2	3	—	—	—	—	1	1
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	2	—	2	2	—	2	—	—	—	—	—	—	—	—	—
9. Alcoholic	45	2	47	—	—	—	—	—	—	45	2	47	—	—	—
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	2	12	14	—	2	2	2	9	11	—	—	—	—	1	1
13. Manic-depressive	14	30	44	2	1	3	8	23	31	2	—	2	2	6	8
14. Involution melancholia	3	7	10	—	—	—	3	6	9	—	—	—	—	1	1
15. Dementia præcox	40	53	93	8	2	10	22	45	67	2	—	2	8	6	14
16. Paranoia or paranoid condition	6	12	18	2	—	2	1	10	11	—	—	—	3	2	5
17. Epileptic	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
18. Psychoneuroses and neuroses	2	6	8	1	—	1	—	6	6	—	—	—	1	—	1
19. With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	3	5	8	—	—	—	2	5	7	—	—	—	1	—	1
21. Undiagnosed	50	34	84	6	3	9	26	25	51	7	1	8	11	5	16
22. Without psychosis	15	5	20	3	—	3	8	5	13	2	—	2	2	—	2
Totals	246	216	462	32	9	41	109	172	281	70	3	73	35	32	67

TABLE 13. — Marital Condition of First Admissions classified with Reference to Principal Psychoses.

PSYCHOSES.	TOTAL.			SINGLE.			MARRIED.			WIDOWED.			SEPARATED.			DIVORCED.			UNASCERTAINED.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile	15	24	39	4	9	13	4	10	14	6	12	18	—	—	—	—	—	—	—	—	—
3. With cerebral arteriosclerosis	26	17	43	5	2	7	7	10	17	7	7	14	—	—	—	—	—	—	—	—	—
4. General paralysis	21	6	27	6	1	7	6	3	9	2	2	4	2	—	—	—	—	—	—	—	—
5. With cerebral syphilis	1	3	4	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	2	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	45	2	47	24	1	25	14	1	15	4	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	2	12	14	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	14	30	44	9	10	19	5	13	18	1	2	3	—	—	—	—	—	—	—	—	—
13. Manic-depressive	3	7	10	—	1	1	1	4	5	2	2	5	—	—	—	—	—	—	—	—	—
14. Involution melancholia	40	53	93	31	31	62	9	20	29	2	2	4	—	—	—	—	—	—	—	—	—
15. Dementia præcox	6	12	18	2	2	4	5	7	12	1	3	4	—	—	—	—	—	—	—	—	—
16. Paranoia and paranoid condition	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17. Epileptic	2	6	8	1	2	3	1	3	4	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	3	5	8	3	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	50	34	84	30	13	43	14	12	26	3	5	8	—	—	—	—	—	—	—	—	—
21. Undiagnosed	15	5	20	11	3	14	3	2	5	—	—	—	—	—	—	—	—	—	—	—	—
22. Without psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	246	216	462	128	78	206	81	86	167	24	42	66	3	1	4	7	3	10	3	6	9

TABLE 14. — *Psychoses of Readmissions.*

PSYCHOSES.	M.			F.	T.	M.	F.	T.
1. Traumatic, total	1	-	1
Traumatic constitution	.	1	.	-	1	-	3	3
2. Senile, total	-	3	3
Simple deterioration	.	-	2	.	2	-	-	-
Delirious and confused types	.	-	1	.	1	-	-	-
Paranoid types	.	-	1	.	1	-	-	-
Other types	.	-	-	.	-	-	3	3
3. With cerebral arteriosclerosis	3	-	3
4. General paralysis	-	-	-
5. With cerebral syphilis	-	-	-
6. With Huntington's chorea	-	-	-
7. With brain tumor	-	-	-
8. With other brain or nervous diseases, total	-	-	-
9. Alcoholic, total	8	-	8
Acute hallucinosis	.	1	-	.	1	-	-	-
Chronic hallucinosis	.	3	-	.	3	-	-	-
Chronic paranoid type	.	1	-	.	1	-	-	-
Alcoholic deterioration	.	3	-	.	3	-	-	-
10. Due to drugs and other exogenous toxins, total	-	1	1
Opium (and derivatives), cocaine, bromides, chloral, etc., alone	-	-	-
or combined (to be specified)	.	-	1	.	1	-	-	-
11. With pellagra	-	-	-
12. With other somatic diseases, total	-	1	1
Delirium with infectious diseases	.	-	1	.	1	12	24	36
13. Manic-depressive, total	.	8	5	.	13	-	-	-
Depressed type	.	4	15	.	19	-	-	-
Stuporous type	.	-	3	.	3	-	-	-
Circular type	.	-	1	.	1	-	-	-
Other types	.	-	-	.	-	-	-	-
14. Involution melancholia	1	-	1
15. Dementia præcox, total	27	10	37
Paranoid type	.	9	4	.	13	-	-	-
Catatonic type	.	4	2	.	6	-	-	-
Hebephrenic type	.	7	3	.	10	-	-	-
Simple type	.	7	1	.	8	-	-	-
16. Paranoia or paranoid condition	1	-	1
17. Epileptic, total	-	-	-
18. Psychoneuroses and neuroses, total	-	-	-
19. With psychopathic personality	-	1	1
20. With mental deficiency	3	1	4
21. Undiagnosed	10	7	17
22. Without psychosis, total	1	4	5
Psychopathic personality	.	1	4	.	5	-	-	-
Totals	67	55	122

TABLE 15. — *Discharges of Patients classified with Reference to Principal Psychoses and Condition on Discharge.*

PSYCHOSES.	TOTAL.			RECOVERED.			IMPROVED.			UNIM- PROVED.			NOT INSANE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	1	-	1	1	-	1	-	-	-	-	-	-	-	-	-
2. Senile	5	6	11	-	-	-	2	2	4	3	4	7	-	-	-
3. With cerebral arteriosclerosis	2	4	6	-	-	-	-	2	2	2	2	4	-	-	-
4. General paralysis	3	-	3	-	-	-	2	-	2	1	-	1	-	-	-
5. With cerebral syphilis	1	2	3	-	-	-	1	1	2	-	1	1	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	1	-	1	-	-	-	-	-	-	1	-	1	-	-	-
9. Alcoholic	24	4	28	13	2	15	10	2	12	1	-	1	-	-	-
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	1	6	7	1	1	2	-	4	4	-	1	1	-	-	-
13. Manic-depressive	15	42	57	2	5	7	10	31	41	3	6	9	-	-	-
14. Involution melancholia	7	5	12	-	1	1	7	4	11	-	-	-	-	-	-
15. Dementia præcox	50	41	91	-	-	-	28	34	62	22	7	29	-	-	-
16. Paranoia or paranoid condition	2	1	3	-	-	-	1	1	2	1	-	1	-	-	-
17. Epileptic	2	1	3	-	-	-	1	1	2	1	-	1	-	-	-
18. Psychoneuroses and neuroses	1	2	3	-	-	-	1	2	3	-	-	-	-	-	-
19. With psychopathic personality	2	2	4	-	-	-	1	2	3	1	-	1	-	-	-
20. With mental deficiency	2	12	14	-	-	-	2	9	11	-	3	3	-	-	-
21. Undiagnosed	31	20	51	2	3	5	21	11	32	8	6	14	-	-	-
22. Without psychosis	10	11	21	-	-	-	-	-	-	-	-	-	10	11	21
Totals	160	159	319	19	12	31	87	106	193	44	30	74	10	11	21

<i>Diseases of the Digestive System.</i>																								
Diarrhoea and enteritis	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute enteritis	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Peritonitis following perforation of intestines	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Peritonitis following perforated appendix	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Peritonitis following gas bacillus infection	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Intestinal obstruction	2	2	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Diseases of the Genito-urinary System.</i>																								
Chronic cystitis	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Urinary obstruction, stricture of ureter	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Accidents, Violence and Sudden Deaths.</i>																								
Homicide, fracture of sternum, ribs, ruptured liver and right kidney. Hemorrhage, chest and abdomen	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Accidental fall, probable fracture base of skull, and 7th cervical vertebrae and hemorrhage of brain	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Suicide by hanging	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Totals	108	100	208	8	24	32	20	14	31	33	6	39	-	2	2	1	-	1	9	1	10	1	5	6

TABLE 16. — *Causes of Death of Patients classified with Reference to Principal Psychoses — Concluded.*

CAUSE OF DEATH.	MANIC-DEPRESSIVE.			INVOLUTION MELANCHOLIA.			DEMENTIA PRECOX.			PARANOIA OR PARANOID CONDITIONS.			EPILEPTIC.			WITH PSYCHOPATHIC PERSONALITY.			WITH MENTAL DEFICIENCY.			UNDIAGNOSED.			WITHOUT PSYCHOSIS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<i>General Diseases.</i>																											
Facial erysipelas	1	2	3	-	-	-	4	5	9	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-
Pulmonary tuberculosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Delirium tremens	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Carcinoma of liver	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Carcinoma of thymus	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Carcinoma of bladder	-	-	-	-	-	-	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gangrene of left foot	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Exhaustion from acute delirium	2	2	4	-	-	-	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Exhaustion from chronic mental disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Diseases of the Nervous System.</i>																											
Cerebral hemorrhage	-	-	-	-	-	-	1	1	2	1	-	1	-	-	-	-	-	-	-	-	-	1	1	2	-	-	-
General paralysis of the insane	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cerebral spinal syphilis	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
Epilepsy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Diseases of the Circulatory System.</i>																											
Acute endocarditis	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	3	-	-	-
Chronic endocarditis	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-
Chronic myocarditis	-	-	-	-	-	-	-	4	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mitral regurgitation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Aortic insufficiency	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Angina pectoris	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
General arteriosclerosis	-	1	1	-	1	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cerebral arteriosclerosis	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cardio vascular renal disease	-	1	1	-	-	-	2	3	5	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Infection thrombosis of left leg	-	-	-	-	-	-	-	1	1	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Aortic stenosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Diseases of the Respiratory System.</i>																											
Acute bronchitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lobar pneumonia	-	1	1	-	-	-	-	1	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bronchopneumonia	-	-	-	1	1	2	1	4	5	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	-	-	-

<i>Diseases of the Digestive System.</i>															
Diarrhea and enteritis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Acute enteritis	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Peritonitis following perforation of intestines	-	-	-	1	1	-	-	-	-	-	-	-	-	-	1
Peritonitis following perforated appendix	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Peritonitis following gas bacillus infection	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Intestinal obstruction	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
<i>Diseases of the Genito-urinary System.</i>															
Chronic cystitis	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
Urinary obstruction, stricture of ureter	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
<i>Accidents, Violence and Sudden Deaths.</i>															
Homicide, fracture of sternum, ribs, ruptured liver and right kidney. Hemorrhage, chest and abdomen	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
Accidental fall, probable fracture base of skull, and 7th cervical vertebrae and hemorrhage of brain	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
Suicide by hanging	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
Totals	3	8	11	1	4	5	17	24	41	1	-	1	-	1	2
Totals	3	8	11	1	4	5	17	24	41	1	-	1	-	1	2

TABLE 17. — Age of Patients at Time of Death classified with Reference to Principal Psychoses — Concluded.

PSYCHOSES.	45-50 YEARS.			50-55 YEARS.			55-60 YEARS.			60-65 YEARS.			65-70 YEARS.			70-75 YEARS.			75 YEARS AND OVER.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
1. Traumatic	-	1	1	-	-	-	-	3	6	-	3	3	-	1	1	-	7	7	-	4	16	20
2. Senile	-	-	-	-	1	1	-	2	7	-	4	2	-	1	6	-	4	3	-	5	3	8
3. With cerebral arteriosclerosis	-	4	1	5	2	7	-	7	-	-	4	2	-	2	1	-	4	3	7	2	2	-
4. General paralysis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. With cerebral syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Alcoholic	-	-	-	-	1	1	2	2	-	2	-	2	-	1	-	1	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
13. Manic-depressive	-	1	1	1	1	1	2	-	2	2	-	2	-	2	2	-	2	2	-	1	1	2
14. Involution melancholia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
15. Dementia praecox	-	2	2	-	4	4	4	3	3	6	1	1	2	2	2	1	2	3	2	2	2	4
16. Paranoia or paranoid condition	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
17. Epileptic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19. With psychopathic personality	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency	1	2	3	1	1	2	2	1	3	1	1	1	-	-	-	-	-	-	-	-	-	-
21. Undiagnosed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
22. Without psychosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Totals	5	10	15	8	11	19	17	14	31	15	6	21	8	7	15	13	12	25	13	22	35	

TABLE 18. — *Total Duration of Hospital Life of Patients dying in Hospital classified according to Psychoses.*

PSYCHOSES.	TOTAL.			LESS THAN 1 MONTH.			1-3 MONTHS.			4-7 MONTHS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile	8	24	32	—	2	2	—	3	3	4	4	8
3. With cerebral arteriosclerosis	20	14	34	5	3	8	4	2	6	2	1	3
4. General paralysis	33	6	39	3	—	3	2	1	3	5	—	5
5. With cerebral syphilis	—	2	2	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	1	—	1	1	—	1	—	—	—	—	—	—
9. Alcoholic	9	1	10	2	—	2	—	1	1	1	—	1
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	1	5	6	1	3	4	—	1	1	—	1	1
13. Manic-depressive	3	8	11	—	1	1	1	—	1	—	2	2
14. Involution melancholia	1	4	5	—	—	—	—	1	1	—	—	—
15. Dementia præcox	17	24	41	2	—	2	—	—	—	—	1	1
16. Paranoia or paranoid condition	1	—	1	—	—	—	—	—	—	—	—	—
17. Epileptic	1	—	1	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	1	—	1	—	—	—	—	—	—	—	—	—
20. With mental deficiency	2	—	2	—	—	—	—	—	—	—	—	—
21. Undiagnosed	10	7	17	4	—	4	2	1	3	—	—	—
22. Without psychosis	—	5	5	—	—	—	—	—	—	—	—	—
Totals	108	100	208	18	9	27	9	10	19	12	9	21

TABLE 18. — *Total Duration of Hospital Life of Patients dying in Hospital classified according to Psychoses — Continued.*

PSYCHOSES.	8-12 MONTHS.			1-2 YEARS.			3-4 YEARS.			5-10 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile	1	3	4	2	5	7	—	1	1	1	4	5
3. With cerebral arteriosclerosis	2	1	3	4	3	7	—	1	1	2	1	3
4. General paralysis	4	1	5	11	2	13	4	1	5	2	1	3
5. With cerebral syphilis	—	—	—	—	1	1	—	1	1	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic	—	—	—	—	—	—	—	—	—	2	—	2
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	—	—	—	—	—	—	—	—	—	—	—	—
13. Manic-depressive	—	2	2	1	—	1	—	—	—	1	2	3
14. Involution melancholia	—	—	—	—	1	1	—	—	—	—	1	1
15. Dementia præcox	2	—	2	1	1	2	1	5	6	4	4	8
16. Paranoia or paranoid condition	—	—	—	—	—	—	—	—	—	1	—	1
17. Epileptic	—	—	—	—	—	—	—	—	—	1	—	1
18. Psychoneuroses and neuroses	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	—	—	—	—	—	—	—	—	—	1	—	1
21. Undiagnosed	2	1	3	2	4	6	—	—	—	—	1	1
22. Without psychosis	—	1	1	—	—	—	—	—	—	—	1	1
Totals	11	9	20	21	17	38	5	9	14	15	15	30

TABLE 18. — *Total Duration of Hospital Life of Patients dying in Hospital classified according to Psychoses — Concluded.*

PSYCHOSES.	10-15 YEARS.			15-20 YEARS.			20 YEARS AND OVER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	-	-	-	-	-	-	-	-
2. Senile	-	-	-	-	-	-	-	2	2
3. With cerebral arteriosclerosis	-	1	1	1	1	2	-	-	-
4. General paralysis	-	-	-	2	-	2	-	-	-
5. With cerebral syphilis	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	-	-	-	-	-	-	-	-	-
9. Alcoholic	3	-	3	-	-	-	1	-	1
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	-	-	-	-	-	-	-	-	-
13. Manic-depressive	-	1	1	-	-	-	-	-	-
14. Involution melancholia	-	-	-	-	-	-	1	1	2
15. Dementia præcox	2	6	8	1	5	6	4	2	6
16. Paranoia or paranoid condition	-	-	-	-	-	-	-	-	-
17. Epileptic	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses	-	-	-	-	-	-	-	-	-
19. With psychopathic personality	-	-	-	-	-	-	1	-	1
20. With mental deficiency	-	-	-	1	-	1	-	-	-
21. Undiagnosed	-	-	-	-	-	-	-	-	-
22. Without psychosis	-	-	-	-	1	1	-	2	2
Totals	5	8	13	5	7	12	7	7	14

TABLE 19. — *Family Care Department.*

	M.	F.	T.
Remaining Sept. 30, 1922	-	23	23
Admitted within the year	-	6	6
Nominally returned from visit for discharge	-	-	-
Whole number of cases within the year	-	29	29
Dismissed within the year	-	10	10
Returned to the institution	-	4	4
Discharged	-	-	-
Died	-	-	-
Visit	-	6	6
Escaped	-	-	-
Remaining Sept. 30, 1923	-	19	19
Supported by State	-	11	11
Private	-	5	5
Self-supporting	-	3	3
Number of different persons within the year	-	27	27
Number of different persons admitted	-	4	4
Number of different persons dismissed	-	8	8
Daily average number	-	20.69	20.69
State	-	11.47	11.47
Private	-	5.00	5.00
Self-supporting	-	4.22	4.22

The Commonwealth of Massachusetts

TRUSTEES' REPORT.

To His Excellency the Governor, and the Honorable Council:

The Trustees of the Worcester State Hospital respectfully submit this, the ninety-second annual report of the Hospital, together with the report of the Superintendent, William A. Bryan, M.D., the report of the Treasurer, Miss Jessie M. D. Hamilton, and various statistical and other information.

In November, 1924, the Trustees elected Hon. Edward F. Fletcher of Worcester as Chairman, and Miss Caroline M. Caswell of Northborough as Secretary.

Progress continues to be made in making the institution less and less an asylum for the unfortunate, and more and more a hospital for the mentally sick.

It is a cause for satisfaction that the antiquated system, or lack of system, of toilet and bath facilities in one ell of the women's ward at the Summer Street hospital has been remedied during the past year, so that that part of the institution is now provided with modern and adequate plumbing and fixtures.

The plan of serving meals in the cafeteria style to the men patients at the Belmont Street hospital, inaugurated during the past year, has been given thorough trial, and is heartily approved. Now that the necessary appropriation has been secured for a new congregate dining-hall, as before desired, the trustees recommend that the same cafeteria system be extended so as to serve all patients, both men and women, who are able to go to the dining-hall for meals. The arrangement for the cafeteria of the past months was only temporary and experimental. The space thereby occupied is needed for other uses as soon as the new dining space is provided.

The old ice-box refrigerators are in bad repair, and are inefficient and expensive. There is very considerable loss in food, both meat and fish, by reason of the impossibility of keeping the same at proper temperature. Dampness with improper temperature causes meat to grow mouldy, so that the spoiled portions must be trimmed off and thrown away. Moreover, it is difficult to retain the services of meat-cutters, on account of the conditions under which they are forced to work. It is the belief of the trustees that these difficulties would be remedied by the installation of a modern artificial refrigeration plant, and that actual saving would result.

The keeping of cattle, and especially of calves and young stock, is a problem which ought to be solved at once; also the handling of feed and milk. Since the tubercular cattle were killed, the entire herd has been quartered at Hillside, a distance of two and one-half miles from the hospital, occasioning large expense in transportation of both supplies and products. The barns are inadequate, and the accommodations for young stock are very poor. A new cow barn should be built at the main farm, which should also be provided with suitable quarters for rearing calves. The present primitive methods of cooling and handling milk should be altered through the installation of modern and efficient appliances and system.

The problem of the rapidly changing personnel of the employees of the hospital is very serious, especially on the male side. It seems astonishing that during the year 1924 the labor turnover on the male side amounted to 225 per cent. Means should be provided to investigate and study the causes of these changes, in order, if possible, to lessen their frequency, and thereby improve the efficiency of the force, through greater permanency. Very likely similar conditions may exist in other institutions in the Commonwealth. At all events, it seems important that immediate steps be taken to ascertain the causes thereof, in order that the proper remedies may be found to correct these conditions.

The trustees wish to record their satisfaction with the conduct of the Worcester State Hospital under the lead of the Superintendent, Dr. Bryan, and his loyal assistants. The staff is keenly alive to the needs of the patients for physical and mental comfort and improvement.

Respectfully submitted,

LUTHER G. GREENLEAF,
CAROLINE M. CASWELL.
ANNA C. TATMAN.
WILLIAM J. DELAHANTY.

EDWARD F. FLETCHER.
HOWARD W. COWEE.
JOHN G. PERMAN.

SUPERINTENDENT'S REPORT.

To the Trustees of the Worcester State Hospital:

I herewith respectfully submit the following report of the Hospital for the year ending November 30, 1924, it being the ninety-second annual report.

There remained on the Hospital books October 1, 1923, 2,579 patients, 1,372 men and 1,207 women. During the year ending September 30, 1924, there were admitted 612 patients—342 men and 270 women. Six hundred and fifty-four patients—414 men and 240 women, were discharged from the hospital. Of this number, 366 patients, 234 men and 132 women—were discharged; 216 patients—125 men and 91 women died; and 65 patients—52 men and 13 women—were transferred, leaving at the end of the statistical year 2,536 patients—1,299 men and 1,237 women. Two thousand, one hundred and twenty-three patients—1,035 men and 1,088 women—were actually in the institution. Of this 1,924 were supported by the State, 87 by friends, and 112 as reimbursing patients. Of the patients discharged, 79 were reported as recovered, 175 as improved, and 71 not improved. Forty-one patients,—29 men and 12 women—were discharged as not insane. Forty-three men were transferred by the Department of Mental Diseases to the United States Veterans' Hospital No. 95 at Northampton; 5 men and 6 women to the State Infirmary; 2 men and 5 women to Medford State Hospital; 1 man to Danvers State Hospital; 1 man and 1 woman to the Bridgewater State Hospital; 1 woman to Westwood Lodge. Ten men and 4 women were removed from the State, and 25 men and 7 women were deported.

There remained in the hospital at the end of the year 43 less patients than at the beginning. The smallest number under treatment on any day was 2,114 patients, and the largest 2,211. The daily average was 2,142.56.

The percentage of recoveries, calculated upon the number of discharges and deaths, was 13.59, calculated upon the number of admissions 14.28. The death rate was 6.76 calculated on the whole number of patients under treatment, and 10.81 calculated on the daily average number.

GENERAL HEALTH OF THE POPULATION.

Generally speaking, the physical health of the patients has been good. I regret, however, to report that a male patient, while returning from the moving pictures, threw himself head first over the railing on third floor and died within half an hour. Also a male patient jumped from fourth floor piazza and died ten minutes later. A male patient who left the hospital without permission was accidentally drowned at the lake.

PRINCIPAL CAUSES OF DEATHS.

Sixteen per cent of all deaths were due to general paralysis of the insane; 14 per cent to arteriosclerosis; 13 per cent to cardio-vascular-renal; 10 per cent each from pulmonary tuberculosis and bronchopneumonia and 8 per cent from chronic myocarditis.

STAFF CHANGES.

Resignations.

Dr. Ransom C. Sartwell, assistant superintendent, resigned August 15, 1924, to accept position as superintendent of the State Infirmary at Howard, R. I.

Dr. Clarence A. Whitcomb, assistant physician and pathologist, resigned May 1, 1924.

Dr. John Saucier resigned March 8, 1924, to accept a position in a Canadian hospital.

Dr. Henry Weyler resigned May 1, 1924, to enter into general practice.

Dr. Paul DeCary resigned January 31, 1924, to accept a position on the staff of the State Hospital at Howard, R. I.

Dr. Katherine Hoheb resigned June 13, 1924.

Dr. Charles E. Futch resigned September 30, 1924, to accept a position at the New York Skin and Cancer Hospital.

Appointments.

Dr. Katherine Hoheb was appointed assistant physician March 1, 1924.

Dr. Sidney M. Simons was appointed assistant physician June 16, 1924.

Dr. Leonard Tormey was appointed assistant physician June 20, 1924.

Dr. Charles E. Futch was appointed assistant physician July 30, 1924.

Dr. Arthur Lussier was appointed assistant physician September 5, 1924.

STUDENT INTERNES.

During the summer of 1924, six medical and one dental interne assisted the Staff physicians in the usual routine work:—

Leonard D. Heaton	. . .	University of Kentucky.
Jesse S. Spangler	. . .	Johns Hopkins University.
Francis A. Scott	. . .	University of Michigan.
James F. Clancy	. . .	University of Michigan.
Juanita P. Johns	. . .	Boston University.
Janice Rafuse	. . .	Boston University.
Wallace W. Dietz	. . .	Tufts Dental School.

MEDICAL REPORT.

The medical and surgical facilities of this hospital have been considerably enhanced by the delegation of medical and surgical work strictly to a selected portion of the staff, including one senior assistant physician and two junior assistant physicians, with a junior physician caring for the laboratory work. The laboratory physician is under the supervision of the senior assistant, and has in turn two technicians as his assistants. It is felt that by such division of the work, the patients receive better care as to their physical well-being, and that some of the more obscure physical conditions are more easily recognized.

SURGERY.

Major Operations: Gastrotomy, 2; Tonsillectomies, 11; Amputation of Finger, 2; Appendectomies, 5; Gastro-enterostomies, 1; Double Herniotomy, 1; Cholecystotomy, 1; Unguinal Herniotomies, 5; Amputation of Toes, 1; Hysterectomies, 4; Intestinal Resection, 1; Enucleations of Eye, 2; Dilatation and Curettage, 2; Amputation of Right Leg, 1; Lipectomy, 1; Amputation of Cervix, 1; Perineorrhaphy, 1; Vaginal Hysterectomy, 1; Removal of Epithelioma of Lip, 1. Total, 44.

Minor Operations: Incision and Drainage of Carbuncle, 1; Incision and Drainage of Finger, 1; Paracentesis of abdomen, 1; Tendon Suture, 1; Submucous Resection, 1; Abscesses Incised and Drained, 22. Total, 27.

CLINICS.

The clinics are cared for entirely by the Medical Service, and are held at appointed hours each week, whenever there are patients who need examination in these clinics. At these clinics the Staff physicians receive the benefit of advice and assistance from our attending physicians and surgeons, who are at all times on call.

The attending physician visits the hospital each Tuesday, and examines with the members of the Medical Staff such cases as need particular attention.

The attending ophthalmologist, rhinologist, otologist and laryngologist visits the hospital each Wednesday, and examines such cases as are referred to him by the Medical Staff.

There are also on call, and easily accessible, surgeons, both general and orthopedic; neurologists and other specialists in the various branches, all within ten minutes of the hospital.

Gynecological Clinic.

Patients examined, 54.

Patients treated (treatments given), 57.

Neurological Clinic.

Patients examined, 55.

Diagnoses.

General paresis, 47.

Unclassified, 3.

Endocrine disturbance, 1.

Cerebrospinal syphilis, 1.

Multiple sclerosis, 1.

Hysteria, 2.

Amyotrophic lateral sclerosis, 1.

Encephalitis lethargica, Parkinsonian syndrome, 1.

Venereal Clinic.

Salvarsan treatments, 534; Swift-Ellis, 185; Mercury (intramuscular), 19.
Total treatments, 738.

Wassermanns:

Blood	.	694	Spinal Fluid	.	189
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Eye Clinic.

Examinations and treatment, 138.

LABORATORY REPORT.

Autopsies, 44; Animal Autopsy, 1; Animal Inoculation, 3; Anesthesia, 25; Bacterial Cultures, 57; Bacterial Smears, 137; Basal Metabolism Tests, 9; Blood Counts—Red, 81; Blood Counts—White, 201; Blood Counts, Differential, 205; Blood Counts, Hæmoglobin, 165. *Blood Chemistry:* Urea Nitrogen, 14; Total Nitrogen, 9; Creatin, 7; Creatinine, 14; Sugar, 35; Uric Acid, 5. Dark Field Examinations, 2; Feces, 4; Gastric Analysis, 3; Gyn. Clinics, 24; Lectures, 34; Microscopical Sections, 76; Microscopical Examination of Slides, 56; Milk Counts, 24; Modified Mosenthal, 4; Renal Functions, 29; Sputums, 114. Spinal Fluids—Colloidal Golds, 120; Cell Counts, 77; Proteins, 30; Mastics, 33. Swift-Ellis Serum, 23; Urinalysis, 1,618; Urine Creatin, 1; Urine Quantitatives, 10; Vaccines, 3; Water Counts, 2.

DENTAL REPORT.

Number Patients, 2,700; Cleanings, 2,377; Fillings, 970; Plates, 64; Treatments, 255; Extractions, 852; Plates Repaired, 48; X-rays, 163; Bridges, 5; Porcelain Jackets, 2; Porcelain Inlays, 2; Gold Inlays, 1; Pivot Teeth, 5.

REPORT OF THE X-RAY DEPARTMENT.

The report of the Department of Roentgenology for the year ending November 30, 1924, is herewith submitted.

Exposures: Ankle, 20; Arm, 11; Chest, 142; Face, 4; Feet, 12; Gastro-Intestinal, 22; Heart, 12; Hand, 29; Hip, 11; Jaw, 9; Kidney, 2; Knee, 17; Leg, 8; Liver, 2; Nose, 15; Neck, 1; Pelvis, 4; Ribs, 4; Sternum, 2; Skull, 55; Spine, 21; Shoulder, 8; Thigh, 1; Wrist, 3; Stomach (foreign), 3.

Fluoroscopic Examination, 36 cases; X-ray Treatment (Epithelioma, 3 cases; Tubercular Lymphadinitis, 1 case); Dental X-rays, 177 patients; Out-Patient Clinics, 10 cases; skull, chest, long bones.

SOCIAL SERVICE DEPARTMENT.

During the year 439 cases were referred to the Social Service Department. Of this number, 112 cases were referred for medical-social histories, 167 for special investigation, and 150 for supervision of patients on visit in the community. In addition to the cases referred to us this year, 275 visit cases were carried over from the previous year. Inasmuch as all (or nearly all) patients leaving the hospital are technically "on visit" for a year, their names are automatically placed upon our lists and we endeavor to give them supervision according to their needs. We have

thus carried an average monthly case-load of 260 patients, and it has been literally impossible to give adequate follow-up care to so many persons.

Fourteen cases per month, on the average, have been referred for special investigation, each investigation requiring interviews with at least four persons and sometimes ten or twelve persons. About half of the investigations have been made primarily for the purpose of obtaining additional data for psychiatric diagnosis, and special care has been taken to clear up cases in which conflicting stories are told by different relatives, cases in which the patient's conduct in the hospital is markedly different from that reported by the persons responsible for the commitment, and cases of patients sent by court action. A thoroughgoing search for information has occasionally revealed evidence that a patient whose conduct in the hospital showed nothing abnormal was suffering from delusions which made him a potential menace to public safety; and on the other hand it has occasionally shown that the responsibility for the care of a harmless patient was being shifted to the State by a family well able to carry the burden. The other half of the investigations have been made for the purpose of ascertaining the family situation in the homes of patients about to be released on visit, in order to insure conditions that shall be conducive to mental health.

An analysis of the problems of the 439 social service cases shows the following results:—In 48 cases there was physical disability in addition to mental illness; many of these being cases of venereal disease; 38 cases presented sex problems; in 25 cases financial troubles were an added factor; 44 had difficulty regarding employment; 45 had marital troubles, and 53 others had friction with members of the family or others with whom they were in close contact; 96, including many alcoholic cases, were essentially personality problems; and the others presented problems for re-education in habits and tastes.

The great problem for the psychiatric social worker is to help the patient adjust himself to the environment to which he goes when he leaves the hospital, and, by helping the family to understand the patient's needs, make the environment favorable to further improvement and permanent adjustment. As a contribution toward this end, 706 visits have been made to patients or their families, friends, social agencies, and others interested in the patients. In 23 cases we have been able to arrange for a patient to have medical care after leaving the hospital. In 44 cases some modification of the environment has been effected in the interests of the patient. The co-operation of various agencies has been helpful in the adjustment of 45 patients. We have received aid from Family Welfare agencies, especially in teaching a housewife to plan her expenditures economically, and have had the co-operation of visiting nurses and out-patient clinics. Child-placing agencies have been helpful in arranging for the care of the children of some of our patients, and the Boys' Club has been an asset in the training of boys who are brought to our out-patient clinic for juvenile delinquency.

The employment situation has been unfavorable to the placement of such patients as are unable to find employment for themselves, because in times of depression the mentally handicapped are the last to be accepted. However, 19 of our patients have been placed in new positions or returned to positions formerly held, some of them being patients who require special understanding and interest to keep them out of the hospital. This group, exclusive of those who have had to be returned to the hospital, is fully self-supporting and has approximately \$500 in savings banks. Excellent co-operation has been obtained from St. Anne's Orphanage, which institution has recently begun to take our patients into its employ.

The number of boarding patients is at present 15. Three new homes were found this year.

We have been particularly fortunate in having the services of Mr. Boisson, the chaplain, in investigating and following up all cases in which the religious problem is an outstanding feature. Through him also we have obtained closer contact with the churches and Y. M. C. A.

The attendance of a social worker has been required at 81 out-patient clinics, and over 100 histories have been taken. In certain cases arrangements have been made for follow-up care by other agencies, and the regular weekly conference on clinic cases is usually attended by us both. Fifteen schools have been visited in order to arrange for the school clinic which the law provides for the examination of

children three years retarded, and the school nurses have been instructed how to take the histories.

During the year three addresses were made by the department and six lectures were given to the nurses of the hospital.

RELIGIOUS SERVICES.

Weekly services have been held both at the Main Department and at Summer Street for our Protestant, Catholic and Jewish patients.

Rev. A. T. Boisson was appointed permanent Protestant chaplain and has studied a number of patients whose psychoses have shown a religious coloring. It is our intention to carry this work on for some time to come.

TRAINING SCHOOL.

The work of the Training School has been carried on during the year and the prescribed curriculum of the State Board of Registration has been carefully followed.

Eight graduates received their diplomas in June, 1924. The Attendants Course for both men and women has been carried on, two complete courses being given. This course is compulsory and no attendant is permitted to remain in the service without passing it.

Miss Olive Estey, R.N., assistant superintendent of nurses, resigned in January to accept the position of Superintendent of Nurses at the Danvers State Hospital. Miss Ethel Oliver, R.N., was appointed to fill the vacancy and remained until October when she was compelled to resign on account of ill health. Miss Georgia Clarke, R.N., succeeded Miss Oliver.

The training school for nurses remains a very important phase of the hospital activities. Under the leadership of Miss Florence Woolridge, R.N., it has continued to improve and our ideal is to offer a course of training for nurses that will be second to none. It is by a continuation and extension of our training schools that our standard of care for the mentally ill will be raised to the high level it should occupy and we propose to further enlarge the activities of the school.

New diet kitchens have been inaugurated where our pupils receive practical instruction in invalid cookery under the guidance of a graduate dietitian.

Our general medical work has increased to the point where our pupils are receiving much practical nursing and our graduates are eminently fitted to carry on general nursing with credit to themselves and the school.

OUT-PATIENT REPORT.

Examination of the tables will show that the out-patient service rendered by the hospital is increasing. From 41 separate sources, cases were referred, and many patients came on their own initiative, these being listed in the tables as private patients. Cases were seen in 17 different places. The Psychiatrist, Dr. M. B. Root, and the Psychologist, Dr. Grace H. Kent, and the Social Workers, Miss Theodora Land and Miss Jennie Harrington, remain as last year.

The most successful clinic has been that held at Memorial Hospital. The Habit Clinic, held at the Temporary Home and Day Nursery, we have not held for months. We have had comparatively few cases of pre-school children and many of these have preferred to come to Memorial Hospital. The adult Psychiatric Clinic has been held since April 15, 1925, at the City Hospital Out-Patient Department, in conjunction with their Neurological Clinic. This is becoming more and more satisfactory. Since May 26, 1924, a weekly clinic at the Lowell Corporation Hospital has been held. This was fairly well attended for a time, but attendance dropped so that it seemed useless to attend more often than once a month. Because of our increasing work in Worcester and the fallacy of travelling so far for so few cases, I believe that this clinic should be given up for the present.

The ideals of our out-patient work remain the same. We have attempted to make well-rounded studies of the children and the adults examined. During July and August, 1924, the Psychiatrist and Psychologist were present at the sessions of the Juvenile Court. We examined children at the court and made reports to aid the Judge in his decisions. The weekly conferences are still held at the public library. At these conferences practically all the clinic cases are discussed. Fol-

lowing this discussion a letter of summary and recommendations is sent. We have perfected a system for keeping in touch with our cases and we expect this follow-up work will be valuable.

During the summer an attempt was made to see regularly, at the Summer Street department, patients on visit from the hospital. Very few patients came in response to the letters, so that this was discontinued. We are at present working over plans for seeing these patients regularly.

Table I—Cases Enumerated by Agencies.—Private Patients, 60; Central District Court, 38; Children's Friend Society, 22; Girls' Welfare Society, 21; Worcester State Hospital, 12; Temporary Home and Day Nursery, 9; Associated Charities, 6; City Hospital, O.P.D., 6; St. Anne's Orphanage, 6; Lancaster Industrial School for Girls, 6; Lowell Schools, 6; Northboro Society for District Nursing, 5; Memorial Hospital, O.P.D., 5; City Hospital, 5; Lowell Policewomen, 5; Worcester Schools, 4; Shirley Industrial School for Boys, 4; Worcester Society for District Nursing, 3; Society for Prevention of Cruelty to Children, 3; Physicians, 3; Board of Health, 3; Shrewsbury Schools, 3; State Division of Child Guardianship, 3; Rutland Prison, 2; United Jewish Charities, 2; North American Civic League, 2; Jewish Home for Aged and Orphans, 2; Southbridge District Nursing Society, 2; Superior Criminal Court, 2; County Jail, 2; Lowell Social Service League, 2; Lowell Corporation Hospital, O.P.D., 2; St. Agnes Guild, 1; Rutland State Sanatorium, 1; West Warren School, 1; Fitchburg Society for Prevention of Cruelty to Children, 1; West Boylston School, 1; Leominster School, 1; Probate Court, 1; Northampton State Hospital, 1; Lowell District Court, 1; Lowell Minister, 1; Total New Cases, 266. Return Visits, 148. Total Visits, 414.

Table II—Cases Enumerated by Age.—

AGE.	New Cases.	Return Visits.	Total.
1. Babies up to age 6	24	12	12
2. Children 6 to 21	178	85	85
3. Adults over 21	32	22	22
4. Lowell (irrespective of age)	32	29	29
Totals	266	148	414

Table III—Cases Enumerated by Places of Visits (including first and return visits). Memorial, P.D., 136; Lowell Corporation Hospital, 59; City Hospital, O.P.D., 53; Worcester State Hospital, 33; Temporary Home and Day Nursery, 31; Central District Court, 31; Girls' Welfare Society, 26; Lancaster Industrial Schools for Girls, 13; Worcester County Jail, 6; St. Anne's Orphanage, 6; Patients' Own Home, 5; City Hospital, 4; St. Agnes Guild, 4; Shirley Industrial School for Boys, 3; Rutland Prison, 2; Rutland State Sanatorium, 1; Summer Street Department, 1. Total, 414.

Table IV—Enumeration of School Clinics.—West Boylston, 31; Shrewsbury, 115; Oxford, 21; West Warren, 32. Total, 119.

Table V—Hospital Patients on Visit—20.

Table VI—Hospital Patients Studied—12.

Table VII—Totals.—Out-Patient Cases, 414; School Clinics, 199; Patients on Visit, 20; Hospital Cases, 12; Grand Total, 645.

Table VIII—Out-Patient Schedule.—

Monday	School Clinics, P.M.
Tuesday	City Hospital, A.M.
	Memorial Hospital, P.M.
Wednesday	Girls' Welfare Society, A.M.
	Temporary Home and Day Nursery, P.M.
Thursday	Lowell Clinic.
Friday	City Hospital, A.M.
	Conferences Public Library, P.M.
Saturday	Patients seen in homes and at hospitals by appointment.

Important Condition—Diagnosis.

Mental Disease—Alcoholic			2
Involution Melancholia			6
Undiagnosed			19
D. Præcox			13
Manic Depressive			3
Organic Brain Disease			13
Senile			1
Epilepsy			16
General Paresis			3
Psychosis with Somatic Disease			4
Total Mental Disease	80	13¾%	
Mental Deficiency	177	30½%	
Psychoneurosis	37		
Unmarried Mothers	99	17%	
Conduct Disorder	114	19½%	
Neurological Disease	1		
Cerebral Syphilis	6		
Chorea	6		
Dystrophy	1		
Tabes	1		
Speech Defect	3		
Hyper-Thyroidism	2		
Routine Examination	30		
Pre-psychotic	5		
Nervous Child	18		
Head Injury	3		
Total number of cases	583		

OCCUPATIONAL THERAPY.

In September, 1923, we inaugurated a school for the training of Occupational Therapists and in September, 1924, three pupils were graduated and given certificates. The present class consists of five young women who will receive their certificates in September, 1925.

The Occupational Therapy Department is a very important part of the hospital. An average of 400 patients are treated each day in our classes and they contribute in no small degree to the improvement and recovery of our patients. All articles made in this department are utilized by the hospital, no sale being permitted.

GENERAL MAINTENANCE OF THE HOSPITAL.

The ordinary repairs of buildings and grounds have been kept up. No new construction of buildings has been carried on but a number of large projects have been completed during the year. The water sections in the Lincoln wards have been completely renovated and new plumbing has been installed. A similar project has been carried on at the Summer Street department but has not yet been completed.

Perhaps the most radical change made during the year is in the method of feeding our patients. This hospital has had no central dining-room but each ward has had its own dining-room. The inability to supervise the distribution of food, the difficulty of transportation and the lack of facilities for keeping food warm, made this a very unsatisfactory way of handling the problem. A system of feeding patients by means of a cafeteria was inaugurated and this has been so successful that it is our purpose to open other cafeterias where patients will receive their food hot and in proper quantities.

In conclusion, I wish to thank the Board of Trustees for the support and encouragement given me. I also wish to thank the officers and employees of the hospital for their loyalty and labor. Without their assistance and their constant endeavor to improve the service rendered by the hospital, nothing could be accomplished.

WILLIAM A. BRYAN, *Superintendent.*

NOVEMBER 30, 1924.

TREASURER'S REPORT.

To the Department of Mental Diseases:

I respectfully submit the following report of the finances of this institution for the fiscal year ending November 30, 1924.

CASH ACCOUNT.		
<i>Income.</i>	<i>Receipts.</i>	
Board of Inmates:		
Private	\$33,838 03	
Reimbursements, insane	87,281 00	
		\$121,069 03
Personal services:		
Reimbursement from Board of Retirement		237 37
Sales:		
Travel, transportation and office expenses	\$18 42	
Food	883 27	
Clothing and materials	133 88	
Furnishings and household supplies	84 03	
Medical and general care	99 82	
Heat, light and power	70 00	
Farm:		
Cows and calves	\$235 00	
Hides	51 92	
Hay	17 50	
		304 42
Garage, stable and grounds	53 99	
Repairs, ordinary	252 04	
		1,899 87
Miscellaneous:		
Interest on bank balances	\$1,022 67	
Rent	1,435 00	
		2,457 67
Total income		\$125,663 94
MAINTENANCE.		
Balance from previous year, brought forward		\$12,695 85
Appropriation, current year		765,172 77
Total		\$777,868 62
Expenses (as analyzed below)		740,761 33
Balance reverting to Treasury of Commonwealth		\$37,107 29
<i>Personal Services:</i>	<i>Analysis of Expenses.</i>	
Dr. William A. Bryan, Superintendent		\$4,350 00
Medical		21,306 85
Administration		25,177 18
Kitchen and dining-room service		20,919 07
Domestic		34,860 85
Ward service (male)		85,812 16
Ward service (female)		92,779 84
Industrial and educational department		5,586 74
Engineering department		34,345 13
Repairs		20,615 29
Farm		15,718 59
Stable, garage and grounds		5,229 64
		\$366,700 84
Religious Instruction:		
Catholic		\$1,200 00
Hebrew		240 00
Protestant		555 00
		1,995 00
Travel, transportation and office expenses:		
Advertising		\$76 79
Postage		748 00
Printing and binding		202 93
Printing annual report		254 30
Stationery and office supplies		2,023 04
Telephone and telegraph		2,340 16
Travel		1,803 54
Official bond		52 00
		7,500 76
Food:		
Flour		\$16,413 35
Cereals, rice, meal, etc.		4,965 39
Bread, crackers, etc.		531 80
Peas and beans (canned and dried)		5,861 86
Macaroni and spaghetti		1,317 18
Potatoes		5,295 05
Meat		38,366 81
Fish (fresh, cured and canned)		7,145 65
Butter		6,084 17
Amount carried forward		\$376,196 60

<i>Amount brought forward</i>		\$376,196 60
Food—Continued		
Butterine, etc.	\$8,719 68	
Peanut butter, etc.	2,022 29	
Cheese	1,683 83	
Coffee	3,332 43	
Tea	1,329 47	
Cocoa	40 51	
Whole milk	77 79	
Milk (condensed, evaporated, etc.)	958 92	
Eggs (fresh)	7,371 60	
Egg powders, etc.	2,319 56	
Sugar (cane)	8,473 77	
Fruit (fresh)	1,850 42	
Fruit (dried and preserved)	8,135 89	
Lard and substitutes	2,319 42	
Molasses and syrups	1,034 00	
Vegetables (fresh)	3,450 68	
Vegetables (canned and dried)	1,307 29	
Seasonings and condiments	1,481 51	
Yeast, baking powder, etc.	2,381 10	
		144,271 42
Clothing and materials:		
Boots, shoes and rubbers	\$2,985 31	
Clothing (outer)	6,076 93	
Clothing (under)	1,195 38	
Dry goods for clothing	4,862 26	
Hats and caps	197 90	
Leather and shoe findings	700 82	
Machinery for manufacturing	171 75	
Socks and smallwares	1,461 61	
		17,651 96
Furnishings and household supplies:		
Beds, bedding, etc.	\$10,366 54	
Carpets, rugs, etc.	681 35	
Crockery, glassware, cutlery, etc.	2,913 84	
Dry goods and smallwares	981 87	
Electric lamps	1,021 26	
Fire hose and extinguishers	282 30	
Furniture, upholstery, etc.	3,431 32	
Kitchen and household wares	7,769 37	
Laundry supplies and materials	3,392 47	
Lavatory supplies and disinfectants	1,181 60	
Machinery for manufacturing	440 20	
Table linen, paper napkins, towels, etc.	2,707 87	
		35,169 99
Medical and general care:		
Books, periodicals, games, etc.	\$802 30	
Entertainments	1,061 77	
Funeral expenses	711 50	
Ice and refrigeration	1,551 24	
Laboratory supplies and apparatus	633 09	
Manual training supplies	115 55	
Medicines (supplies and apparatus)	6,221 44	
Medical attendance (extra)	340 26	
Patients boarded out	2,066 22	
Return of runaways	89 65	
School books and supplies	6 25	
Tobacco, pipes, matches	4,114 18	
Toilet and other personal articles	1,702 51	
Water	8,087 01	
Sewerage	3,100 00	
		30,602 97
Heat, light and power:		
Coal (bituminous)	\$15,092 64	
Freight and cartage	26,456 79	
Coal (screenings)	3,090 39	
Coal (anthracite)	3,414 37	
Freight and cartage	2,189 22	
Wood	6 17	
Electricity	361 47	
Gas	1,277 77	
Oil	558 33	
Operating supplies for boiler and engines	1,300 50	
		53,747 65
Farm:		
Bedding materials	\$1,377 42	
Blacksmithing and supplies	270 02	
Carriages, wagons and repairs	294 75	
Dairy equipment and supplies	289 34	
Fencing materials	73 21	
Fertilizers	2,200 18	
Grain, etc.	11,094 65	
Hay	5,725 58	
Harnesses and repairs	150 20	
Horses	735 00	
Cows	6,392 34	
Other live stock	35 00	

Amount carried forward

\$657,640 59

Amount brought forward		\$657,640 59	
Farm—Continued			
Rent		\$437 70	
Spraying materials		43 83	
Stable and barn supplies		115 83	
Tools, implements, machines, etc.		572 22	
Trees, vines, seeds, etc.		1,224 66	
Truck and tractor repairs and supplies		312 53	
Veterinary services, supplies, etc.		589 16	
Molasses		342 90	
Lime		221 00	
Beet pulp		720 00	
			33,217 52
Garage, stable and grounds:			
Motor vehicles		\$1,394 64	
Automobile repairs and supplies		2,487 92	
Fertilizers		9 21	
Road work and materials		214 03	
Spraying materials		4 51	
Tools, implements, machines, etc.		357 76	
Trees, vines, seeds, etc.		248 67	
			4,716 74
Repairs, ordinary:			
Brick		\$217 30	
Cement, lime, crushed stone, etc.		423 10	
Electrical work and supplies		1,025 77	
Hardware, iron, steel, etc.		1,703 61	
Labor (not on pay roll)		119 88	
Lumber, etc. (including finished products)		2,778 98	
Paint, oil, glass, etc.		6,895 75	
Plumbing and supplies		2,463 46	
Steam fittings and supplies		1,235 67	
Tools, machines, etc.		490 15	
Boilers, repairs		800 00	
Dynamos, repairs		62 18	
Engines, repairs		458 62	
			18,674 47
Repairs and renewals:			
Retubing boiler		\$522 46	
Co ₂ recorders		645 00	
Plumbing L-1-2-3-4		3,875 19	
Plumbing S-1-2-3-4		3,875 94	
Screens, main hospital		490 00	
Relay floor, H-1-2-3-4		539 00	
Relay floor, A-1-2-3-4		402 86	
Relay floor, 2d floor, laundry		294 00	
Repairs to roof, main hospital		4,601 32	
Repairs to porch, main hospital		1,465 34	
Blacksmith shop		481 26	
Unit drive for drying tumbler		857 50	
Roto flue cleaner, boiler room		107 80	
Press, laundry		406 70	
Trucks		269 71	
Pipe threading machine		684 18	
Master key system		646 90	
Screens, Summer Street		365 94	
Repairs to roof, Summer Street		1,494 23	
Fence, Summer Street		745 09	
Food carts, Summer Street		786 99	
Hand stoker		2,956 80	
			26,512 01
Total expenses for maintenance			\$740,761 33

SPECIAL APPROPRIATIONS.

Balance December 1, 1923				\$470 35	
Appropriations for current year				8,000 00	
Total					\$8,470 35
Expended during the year (see statement below)			\$470 00		
Reverting to Treasury of Commonwealth			35		470 35
Balance November 30, 1924, carried to next year					\$8,000 00

OBJECT.	Act or Resolve.	Whole Amount.	Expended during Fiscal Year.	Total expended to Date.	Balance at end of Year.
Remodeling heating system	Chap. 126, Acts 1922	\$3,114 24	\$470 00	\$3,113 89	\$0 35*
Additional fire protection	Chap. 510, Acts 1924	8,000 00	—	—	8,000 00
		\$11,114 24	\$470 00	\$3,113 89	\$8,000 35

* Balance reverting to treasury of the Commonwealth

Balance carried to next year

Total as above

\$0 35

8,000 00

\$8,000 35

PER CAPITA.

During the year the average number of inmates has been 2,160.30.
 Total cost for maintenance, \$740,761.33.
 Equal to a weekly per capita cost of \$6.5941.
 Receipt from sales, \$1,899.87.
 Equal to a weekly per capita of \$.0169.
 All other institution receipts, \$123,764.07.
 Equal to a weekly per capita of \$1.1017.
 Net weekly per capita, \$5.4755.

Respectfully submitted,

JESSIE M. D. HAMILTON, *Treasurer.*

VALUATION.

NOVEMBER 30, 1924.

REAL ESTATE.

Land (589 acres)	\$416,357 00
Buildings	2,185,674 26
	<hr/>
	\$2,602,031 26

PERSONAL PROPERTY.

Travel, transportation and office supplies	\$8,137 19
Food	20,845 37
Clothing and materials	18,906 31
Furnishings and household supplies	254,379 58
Medical and general care	21,081 93
Heat, light and power	37,324 37
Farm	29,464 87
Garage, stable and grounds	10,118 17
Repairs	33,959 86
	<hr/>
	\$434,217 65

Summary.

Real estate	\$2,602,031 26
Personal property	434,217 65
	<hr/>
	\$3,036,248 91

STATEMENT OF FUNDS.

PATIENT'S FUND.

Balance on hand November 30, 1923	\$12,434 12
Receipts	10,545 57
Interest	467 62
	<hr/>
	\$23,447 31
Refunded	\$11,598 06
Interest paid to State treasury	467 62
	<hr/>
	12,065 68
	<hr/>
	\$11,381 63

Investment.

Worcester County Institution for Savings	\$2,000 00
Worcester Five Cents Savings Bank	2,000 00
Worcester Mechanics Savings Bank	2,000 00
People's Savings Bank	2,000 00
Balance Worcester Bank and Trust Company	3,167 37
Cash on hand December 1, 1924	214 26
	<hr/>
	\$11,381 63

LEWIS FUND.

Balance on hand November 30, 1923	\$1,593 43
Income	65 50
	<hr/>
	\$1,658 93
Expended for entertainments, etc.	66 75
	<hr/>
	\$1,592 18

Investment.

American Telephone and Telegraph Company collateral trust 4% bond	\$926 36
Fourth Liberty Loan Bonds	600 00
Balance Worcester Bank and Trust Company	65 82
	<hr/>
	\$1,592 18

WHEELER FUND.

Balance on hand November 30, 1923	\$6,387 99
Income	265 26
	<hr/>
	\$6,653 25
Expended for entertainments, etc.	394 35
	<hr/>
	\$6,258 90

Investment.

American Telephone and Telegraph Company collateral trust 4% bond	\$712 50	
Second Liberty Loan Converted Bonds	4,000 00	
Fourth Liberty Loan Bonds	1,300 00	
Balance Worcester Bank and Trust Company	246 40	
		\$6,258 90

MANSON FUND.

Balance on hand November 30, 1923	\$1,149 25	
Income	46 75	
		\$1,196 00
Expended for entertainments		35 00
		\$1,161 00

Investment.

Fourth Liberty Loan Bonds	\$1,100 00	
Balance Worcester Bank and Trust Company	61 00	
		\$1,161 00

Respectfully submitted

JESSIE M. D. HAMILTON, *Treasurer.*

Nov. 30, 1924.

N. B.—The values assigned to the above securities are their respective purchase prices.

STATISTICAL TABLES.

TABLE 1.—*General Information.*

1. Date of opening as an institution for the insane: Jan. 18, 1833.			
2. Type of institution: State.			
3. Hospital plant:			
Value of hospital property:			
Real estate, including buildings		\$2,602,031	26
Personal property		434,217	65
Total		\$3,036,248	91
Total acreage of hospital property, 589.16.			
Acreage under cultivation during previous year, 149.50.			
4. Medical service:	M.	F.	T.
Superintendent	1	—	1
Assistant physicians	12	—	12
Medical internes	—	—	—
Dentist	1	—	1
Total physicians	14	—	14
5. Employees on pay roll (not including physicians):	M.	F.	T.
Graduate nurses	1	30	31
Other nurses and attendants	108	82	190
All other employees	95	81	176
Total employees	204	193	397
6. Patients employed in industrial classes or in general hospital work	M.	F.	T.
on date of report	660	741	1,401
7. Patients in institution on date of report (excluding paroles)	1,018	1,095	2,113

TABLE 2.—*FINANCIAL STATEMENT.*

See treasurer's report for data requested under this table.

TABLE 3.—*Movement of Patient Population for the Year ending September 30, 1924.*

	INSANE.			TEMPORARY CASE.			SANE, VOLUNTARY.			TOTAL ON BOOKS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Patients on books of institution, Sept. 30, 1923	1,366	1,203	2,569	5	4	9	1	1,372	1,207	1,372	1,207	2,579
Admissions during year:												
(a) First admissions	229	158	387	38	15	53	2	269	174	269	174	443
(b) Readmissions	51	43	94	10	4	14	2	63	47	63	47	110
Total admissions	280	201	481	48	19	67	4	332	221	332	221	553
(c) Transfers from other institutions for the insane	10	49	59	—	—	—	—	10	49	10	49	59
Nominally admitted for change of status	—	—	—	—	—	—	—	—	—	—	—	—
Total received during year	290	250	540	48	19	67	4	342	270	342	270	612
Total under treatment during year	1,656	1,453	3,109	53	23	76	5	1,714	1,477	1,714	1,477	3,191
Discharged from books during year:												
(a) As recovered	37	22	59	18	2	20	—	55	24	55	24	79
(b) As improved	95	77	172	2	1	3	—	97	78	97	78	175
(c) As unimproved	45	15	60	8	3	11	—	53	18	53	18	71
(d) As not insane	13	4	17	14	8	22	2	29	12	29	12	41
(e) Transferred to other institutions for the insane	52	13	65	—	—	—	—	52	13	52	13	65
(f) Died during year	122	91	213	3	—	3	—	125	91	125	91	216
(g) Nominally dismissed for change of status	—	—	—	3	4	7	—	4	4	4	4	8
Total discharged from books during year	364	222	586	48	18	66	1	414	240	414	240	654
Patients remaining on books of institution Sept. 30, 1924	1,292	1,231	2,523	5	5	10	2	1,299	1,237	1,299	1,237	2,536
<i>Supplementary Data.</i>												
6a. Average daily number of patients on books during year	1,341.73	1,219.00	2,560.73	7.50	4.22	11.72	.70	1,349.93	1,224.03	1,349.93	1,224.03	2,573.96
6b. Average daily number of patients actually in the institution during year	1,068.43	1,060.90	2,129.33	7.50	4.22	11.72	.70	1,076.63	1,065.93	1,076.63	1,065.93	2,142.56
7a. Average daily number of patients in family care	—	19.95	19.95	—	—	—	—	—	19.95	—	19.95	19.95
7b. Average daily number of patients on visit and escape	273.30	138.15	411.45	—	—	—	—	273.30	138.15	273.30	138.15	411.45
8. Number of voluntary patients admitted during year	165	85	250	—	—	—	4	165	85	165	85	250
9. Number of temporary care cases admitted during year	—	—	—	—	—	—	—	—	—	—	—	—
10. Number of patients actually remaining in institution Sept. 30, 1924	1,028	1,082	2,110	5	5	10	2	1,035	1,088	1,035	1,088	2,123
State	1,003	1,020	2,023	5	5	10	2	1,010	1,026	1,010	1,026	2,036
Reimbursing	—	—	—	—	—	—	—	—	—	—	—	—
Private	25	62	87	—	—	—	—	25	62	25	62	87

TABLE 4.—*Nativity of First Admissions and Parents of First Admissions.*

NATIVITY.	PATIENTS.			PARENTS OF MALE PATIENTS.			PARENTS OF FEMALE PATIENTS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
United States	108	80	188	50	47	97	34	35	69
Albania	1	—	1	1	1	2	—	—	—
Armenia	3	—	3	3	3	6	—	—	—
At sea	1	—	1	—	—	—	—	—	—
Azores	2	—	2	2	2	4	—	—	—
Austria	1	1	2	—	—	—	1	1	2
Canada	28	25	53	42	45	87	30	32	62
Denmark	3	—	3	3	3	6	—	—	—
England	4	2	6	8	7	15	7	5	12
Finland	2	4	6	3	3	6	5	5	10
France	1	—	1	—	—	—	—	—	—
Germany	3	—	3	4	3	7	3	3	6
Greece	3	2	5	3	3	6	1	1	2
Ireland	23	30	53	39	38	77	46	48	94
Italy	13	2	15	13	13	26	3	3	6
Judea	1	—	1	1	1	2	—	—	—
Mexico	1	—	1	1	1	2	—	—	—
Norway	1	2	3	1	1	2	2	2	4
Philippine Islands	—	—	—	1	1	2	—	—	—
Poland	11	3	14	13	13	26	3	3	6
Portugal	—	—	—	—	—	—	2	2	4
Roumania	1	—	1	1	1	2	—	—	—
Russia	9	2	11	12	12	24	4	4	8
Scotland	1	—	1	3	1	4	—	—	—
Spain	2	—	2	2	2	4	—	—	—
Sweden	3	4	7	7	7	14	5	5	10
Turkey in Europe	—	—	—	—	—	—	1	1	2
West Indies	2	—	2	2	2	4	—	—	—
Total foreign born	120	77	197	165	163	328	113	115	228
Unascertained	1	1	2	14	19	33	11	8	19
Grand totals	229	158	389	229	229	458	158	158	316

TABLE 5.—*Citizenship of First Admissions.*

	M.	F.	T.
Citizens by birth	108	80	188
Citizens by naturalization	30	19	49
Aliens	84	42	126
Citizenship unascertained	7	17	24
Totals	229	158	387

TABLE 6.—*Psychoses of First Admissions.*

PSYCHOSES.		M.	F.	T.	M.	F.	T.
1.	Traumatic, total	—	—	—	—	—	—
2.	Senile, total	—	—	—	11	8	19
	Simple deterioration	9	2	11	—	—	—
	Paranoid types	1	6	7	—	—	—
	Pre-senile type	1	—	1	—	—	—
3.	With cerebral arteriosclerosis	—	—	—	26	23	49
4.	General paralysis	—	—	—	28	9	37
5.	With cerebral syphilis	—	—	—	1	—	1
6.	With Huntington's chorea	—	—	—	—	—	—
7.	With brain tumor	—	—	—	—	—	—
8.	With other brain or nervous diseases, total	—	—	—	5	—	5
	Multiple sclerosis	3	—	3	—	—	—
	Encephalitis lethargica	2	—	2	—	—	—
9.	Alcoholic, total	—	—	—	24	2	26
	Pathological intoxication	2	2	4	—	—	—
	Delirium tremens	3	—	3	—	—	—
	Acute hallucinosis	11	—	11	—	—	—
	Acute paranoid type	4	—	4	—	—	—
	Chronic paranoid type	2	—	2	—	—	—
	Alcoholic deterioration	2	—	2	—	—	—
10.	Due to drugs and other exogenous toxins, total	—	—	—	1	—	1
	Opium (and derivatives), cocaine, bromides, chloral, etc., alone or combined	1	—	1	—	—	—
11.	With pellagra	—	—	—	—	—	—
12.	With other somatic diseases, total	—	—	—	4	6	10
	Exhaustion delirium	4	5	9	—	—	—
	Cardio-renal disease	—	1	1	—	—	—
13.	Manic-depressive, total	—	—	—	12	18	30
	Manic type	6	8	14	—	—	—
	Depressed type	6	8	14	—	—	—
	Mixed type	—	2	2	—	—	—
14.	Involution melancholia	—	—	—	5	10	15
15.	Dementia præcox, total	—	—	—	40	28	68
	Paranoid type	12	14	26	—	—	—
	Katatonic type	8	6	14	—	—	—
	Hebephrenic type	15	7	22	—	—	—
	Simple type	5	1	6	—	—	—
16.	Paranoia and paranoid conditions	—	—	—	2	8	10
17.	Epileptic, total	—	—	—	1	—	1
	Epileptic, clouded states	1	—	1	—	—	—
18.	Psychoneuroses and neuroses, total	—	—	—	1	1	2
	Hysterical type	1	—	1	—	—	—
	Anxiety neuroses	—	1	1	—	—	—
19.	With psychopathic personality	—	—	—	1	2	3
20.	With mental deficiency	—	—	—	2	7	9
21.	Undiagnosed	—	—	—	51	27	78
22.	Without psychosis, total	—	—	—	14	9	23
	Alcoholism	1	—	1	—	—	—
	Psychopathic personality	5	2	7	—	—	—
	Mental deficiency	6	6	12	—	—	—
	Others, Encephalitis lethargica	2	—	2	—	—	—
Totals		—	—	—	229	158	387

TABLE 7.—*Race of First Admissions classified with Reference to Principal Psychoses.*

RACE.	TOTAL.			SENILE.			WITH CEREBRAL ARTERIO-SCLEROSIS.			GENERAL PARALYSIS.			WITH CEREBRAL SYPHILIS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	4	—	4	—	—	—	—	—	—	—	—	—	—	—	—
Armenian	3	—	3	—	—	—	—	—	—	1	—	1	—	—	—
English	18	12	30	5	1	6	1	3	4	—	1	1	—	—	—
Finnish	3	5	8	—	—	—	—	—	—	—	—	—	—	—	—
French	26	24	50	—	2	2	3	2	5	6	1	7	—	—	—
German	4	3	7	1	—	1	2	—	2	—	1	1	—	—	—
Greek	4	2	6	—	—	—	—	—	—	—	—	—	1	—	1
Hebrew	6	—	6	—	—	—	—	—	—	1	—	1	—	—	—
Irish	39	47	86	1	3	4	3	6	9	3	3	6	—	—	—
Italian	13	3	16	—	—	—	2	—	2	2	—	2	—	—	—
Lithuanian	7	2	9	—	—	—	—	—	—	1	—	1	—	—	—
Mexican	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—
Portuguese	2	2	4	—	—	—	—	—	—	1	—	1	—	—	—
Scandinavian	11	7	18	—	—	—	1	—	1	2	1	3	—	—	—
Scotch	2	—	2	—	—	—	—	—	—	1	—	1	—	—	—
Slavonic	14	6	20	—	—	—	—	—	—	1	—	1	—	—	—
Spanish	2	—	2	—	—	—	—	—	—	1	—	1	—	—	—
West Indian	2	—	2	—	—	—	—	—	—	1	—	1	—	—	—
Mixed	62	40	102	4	2	6	13	10	23	6	2	8	—	—	—
Race unascertained	6	5	11	—	—	—	1	2	3	—	—	—	—	—	—
Totals	229	158	387	11	8	19	26	23	49	28	9	37	1	—	1

TABLE 7.—*Race of First Admissions classified with Reference to Principal Psychoses—Continued.*

RACE.	WITH OTHER BRAIN OR NERVOUS DISEASES.			ALCOHOLIC.			DUE TO DRUGS AND OTHER EXOGENOUS TOXINS.			WITH OTHER SOMATIC DISEASES.			MANIC-DEPRESSIVE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Armenian	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
English	2	—	2	1	—	1	—	—	—	—	—	—	1	3	4
Finnish	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
French	1	—	1	1	—	1	—	—	—	—	—	—	3	3	6
German	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—
Greek	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Hebrew	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Irish	—	—	—	8	1	9	—	—	—	1	1	2	—	3	3
Italian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lithuanian	—	—	—	3	1	4	—	—	—	1	1	—	—	—	—
Mexican	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scandinavian	—	—	—	1	—	1	—	—	—	—	—	—	3	2	5
Scotch	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
Slavonic	1	—	1	5	—	5	—	—	—	1	1	—	—	2	2
Spanish	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
West Indian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mixed	1	—	1	2	—	2	1	—	1	1	2	3	4	2	6
Race unascertained	—	—	—	—	—	—	—	—	—	1	—	1	—	2	2
Totals	5	—	5	24	2	26	1	—	1	4	6	10	12	18	30

TABLE 7.—*Race of First Admissions classified with Reference to Principal Psychoses—Continued.*

RACE.	INVOLUTION MELAN- CHOLIA.			DEMENTIA PRÆCOX.			PARANOIA AND PARANOID CONDITIONS.			EPILEPTIC.			PSYCHO- NEUROSES AND NEUROSES.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black) . . .	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
Armenian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
English	—	1	1	6	—	6	—	1	1	—	—	—	—	—	—
Finnish	—	2	2	1	1	2	—	1	1	—	—	—	—	—	—
French	—	2	2	3	5	8	2	2	4	—	—	—	—	—	—
German	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Greek	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
Hebrew	—	—	—	3	—	3	—	—	—	—	—	—	—	—	—
Irish	2	3	5	7	11	18	—	3	3	1	—	1	—	1	1
Italian	1	—	1	3	1	4	—	—	—	—	—	—	—	—	—
Lithuanian	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
Mexican	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—
Scandinavian	—	1	1	2	1	3	—	—	—	—	—	—	—	—	—
Scotch	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Slavonic	—	1	1	1	1	2	—	—	—	—	—	—	—	—	—
Spanish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
West Indian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mixed	2	—	2	10	6	16	—	1	1	—	—	—	1	—	1
Race unascertained . . .	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
Totals	5	10	15	40	28	68	2	8	10	1	—	1	1	1	2

TABLE 7.—*Race of First Admissions classified with Reference to Principal Psychoses—Concluded.*

RACE.	WITH PSYCHOPATHIC PERSONALITY.			WITH MENTAL DEFICIENCY.			UNDIAGNOSED.			NOT INSANE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black) . . .	—	—	—	—	—	—	—	—	3	—	—	—
Armenian	—	—	—	—	—	—	1	—	1	—	—	—
English	—	—	—	—	1	1	1	—	1	1	—	2
Finnish	—	—	—	—	—	—	—	1	1	1	—	1
French	—	1	1	1	2	3	4	3	7	2	1	3
German	—	—	—	—	—	—	1	1	2	—	—	—
Greek	—	—	—	—	—	—	1	1	2	—	—	—
Hebrew	—	—	—	—	—	—	2	—	2	—	—	—
Irish	—	—	—	1	1	2	10	11	21	2	—	2
Italian	—	—	—	—	—	—	4	1	5	1	1	2
Lithuanian	—	—	—	—	—	—	—	—	—	2	—	2
Mexican	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese	—	—	—	—	—	—	1	—	1	—	—	—
Scandinavian	1	—	1	—	—	—	1	2	3	—	—	—
Scotch	—	—	—	—	—	—	—	—	—	—	—	—
Slavonic	—	—	—	—	—	—	6	1	7	—	—	—
Spanish	—	—	—	—	—	—	—	—	—	—	—	—
West Indian	—	—	—	—	—	—	1	—	1	—	—	—
Mixed	—	1	1	—	2	2	13	6	19	4	6	10
Race unascertained . . .	—	—	—	—	1	1	2	—	2	1	—	1
Totals	1	2	3	2	7	9	51	27	78	14	9	23

TABLE 8.—*Age of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			UNDER 15 YEARS.			15-20 YEARS.			20-25 YEARS.			25-30 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile	11	8	19	—	—	—	—	—	—	—	—	—	—	—	—
3. With cerebral arteriosclerosis	26	23	49	—	—	—	—	—	—	—	—	—	—	—	—
4. General paralysis	28	9	37	—	—	—	—	—	—	1	—	1	3	—	3
5. With cerebral syphilis	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	5	—	5	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic	24	2	26	—	—	—	—	—	—	—	—	—	2	—	2
10. Due to drugs or other exogenous toxins	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	4	6	10	—	—	—	—	—	—	—	—	—	—	2	2
13. Manic-depressive	12	18	30	—	—	—	1	—	1	4	1	5	2	3	5
14. Involution melancholia	5	10	15	—	—	—	—	—	—	—	—	—	—	—	—
15. Dementia præcox	40	28	68	—	—	—	3	2	5	7	3	10	14	6	20
16. Paranoia or paranoid condition	2	8	10	—	—	—	—	—	—	—	—	—	—	—	—
17. Epileptic	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—
18. Psychoneuroses and neuroses	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	1	2	3	—	—	—	—	1	1	—	—	—	—	—	—
20. With mental deficiency	2	7	9	—	—	—	1	—	1	—	2	2	—	1	1
21. Undiagnosed	51	27	78	—	1	1	—	1	—	3	2	5	13	5	18
22. Without psychoses	14	9	23	—	—	—	6	—	6	2	3	5	2	2	4
Totals	229	158	387	—	1	1	12	3	15	18	11	29	37	19	56

TABLE 8.—*Age of First Admissions classified with Reference to Principal Psychoses—Continued.*

PSYCHOSES.	30-35 YEARS.			35-40 YEARS.			40-45 YEARS.			45-50 YEARS.			50-55 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
3. With cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
4. General paralysis	2	1	3	3	1	4	9	—	9	4	2	6	5	2	7
5. With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	—	—	—	—	—	—	2	—	2	1	—	1	1	—	1
9. Alcoholic	5	2	7	4	—	4	5	—	5	1	—	1	2	—	2
10. Due to drugs or other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	—	—	—	2	1	3	—	—	—	—	—	—	1	—	1
13. Manic-depressive	—	1	1	1	4	5	2	2	4	—	4	4	1	3	4
14. Involution melancholia	—	—	—	—	—	—	2	2	2	1	1	2	1	2	3
15. Dementia præcox	6	4	10	4	1	5	4	4	8	2	3	5	—	1	1
16. Paranoia or paranoid condition	1	2	3	—	1	1	1	2	3	—	—	—	—	1	1
17. Epileptic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	—	—	—	—	—	—	—	—	—	1	1	2	—	—	—
19. With psychopathic personality	—	—	—	—	1	1	—	—	—	1	—	1	—	—	—
20. With mental deficiency	—	1	1	—	1	1	—	—	—	1	—	1	—	1	1
21. Undiagnosed	3	2	5	6	2	8	9	6	15	4	5	9	3	—	3
22. Without psychoses	1	1	2	1	2	3	—	1	1	2	—	2	—	—	—
Totals	18	14	32	21	14	35	32	17	49	19	16	35	15	12	27

TABLE 8.—Age of First Admissions classified with Reference to Principal Psychoses—Concluded.

PSYCHOSES.	55-60 YEARS.			60-65 YEARS.			65-70 YEARS.			70-75 YEARS.			75-80 YEARS.			OVER 80 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile	—	—	—	—	—	—	1	—	1	1	4	5	5	1	6	3	3	6
3. With cerebral arterio- sclerosis	2	1	3	6	1	7	6	3	9	7	8	15	3	3	6	2	5	7
4. General paralysis	—	1	1	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—
5. With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic	4	—	4	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
10. Due to drugs or other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	—	—	—	1	1	2	—	1	1	—	—	—	—	1	1	—	—	—
13. Manic-depressive	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
14. Involution melancholia	1	5	6	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—
15. Dementia præcox	—	3	3	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
16. Paranoia or paranoid condition	—	—	—	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—
17. Epileptic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic per- sonality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21. Undiagnosed	3	1	4	2	—	2	3	2	5	—	1	1	1	—	1	—	—	—
22. Without psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	11	12	23	12	6	18	12	7	19	8	13	21	9	5	14	5	8	13

TABLE 10.—*Environment of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			URBAN.			RURAL.			UNASCR-TAINED.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile	11	8	19	10	8	18	1	—	1	—	—	—
3. With cerebral arteriosclerosis	26	23	49	22	19	41	4	4	8	—	—	—
4. General paralysis	28	9	37	23	9	32	5	—	5	—	—	—
5. With cerebral syphilis	1	—	1	1	—	1	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	5	—	5	5	—	5	—	—	—	—	—	—
9. Alcoholic	24	2	26	21	2	23	3	—	3	—	—	—
10. Due to drugs and other exogenous toxins	1	—	1	1	—	1	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	4	6	10	2	4	6	2	2	4	—	—	—
13. Manic-depressive	12	18	30	11	15	26	1	3	4	—	—	—
14. Involution melancholia	5	10	15	3	9	12	2	1	3	—	—	—
15. Dementia præcox	40	28	68	36	23	59	4	5	9	—	—	—
16. Paranoia or paranoid condition	2	8	10	1	8	9	1	—	1	—	—	—
17. Epileptic	1	—	1	1	—	1	—	—	—	—	—	—
18. Psychoneuroses and neuroses	1	1	2	—	1	1	1	—	1	—	—	—
19. With psychopathic personality	1	2	3	—	1	1	1	1	2	—	—	—
20. With mental deficiency	2	7	9	2	5	7	—	2	2	—	—	—
21. Undiagnosed	51	27	78	42	23	65	9	4	13	—	—	—
22. Not insane	14	9	23	10	6	16	4	3	7	—	—	—
Totals	229	158	387	191	133	324	38	25	63	—	—	—

TABLE 11.—*Economic Condition of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			DEPEN-DENT.			MARGI-NAL.			COMFORT-ABLE.			UNASCR-TAINED.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile	11	8	19	—	1	1	7	6	13	4	1	5	—	—	—
3. With arteriosclerosis	26	23	49	—	1	1	16	18	34	10	4	14	—	—	—
4. General paralysis	28	9	37	1	—	1	14	7	21	13	2	15	—	—	—
5. With cerebral syphilis	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	5	—	5	—	—	—	5	—	5	—	—	—	—	—	—
9. Alcoholic	24	2	26	1	—	1	19	2	21	4	—	4	—	—	—
10. Due to drugs and other exogenous toxins	1	—	1	—	—	—	—	—	1	—	1	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	4	6	10	—	—	—	3	2	5	1	4	5	—	—	—
13. Manic-depressive	12	18	30	—	—	—	6	12	18	6	6	12	—	—	—
14. Involution melancholia	5	10	15	—	—	—	3	9	12	2	1	3	—	—	—
15. Dementia præcox	40	28	68	—	1	1	27	18	45	13	9	22	—	—	—
16. Paranoia or paranoid condition	2	8	10	—	—	—	2	5	7	3	3	3	—	—	—
17. Epileptic	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
18. Psychoneuroses and neuroses	1	1	2	—	—	—	—	—	1	1	2	—	—	—	—
19. With psychopathic personality	1	2	3	—	1	1	1	1	2	—	—	—	—	—	—
20. With mental deficiency	2	7	9	—	—	—	2	4	6	—	3	3	—	—	—
21. Undiagnosed	51	27	78	1	1	2	31	17	48	18	9	27	1	—	1
22. Not insane	14	9	23	1	—	1	10	6	16	3	3	6	—	—	—
Totals	229	158	387	4	5	9	148	107	255	76	46	122	1	—	1

TABLE 12.—*Use of Alcohol by First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			ABSTI- NENT.			TEMPER- ATE.			INTEM- PERATE.			UNASCER- TAINED.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile	11	8	19	2	2	4	6	4	10	3	1	4	—	1	1
3. With arteriosclerosis	26	23	49	4	9	13	16	11	27	6	—	6	—	3	3
4. General paralysis	28	9	37	7	2	9	12	5	17	7	—	7	2	2	4
5. With cerebral syphilis	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	5	—	5	3	—	3	2	—	2	—	—	—	—	—	—
9. Alcoholic	24	2	26	—	—	—	—	—	—	24	2	26	—	—	—
10. Due to drugs and other exogenous toxins	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	4	6	10	2	2	4	1	3	4	1	—	1	—	1	1
13. Manic-depressive	12	18	30	4	6	10	6	5	11	2	2	4	—	5	5
14. Involution melancholia	5	10	15	1	2	3	3	7	10	1	—	1	—	1	1
15. Dementia præcox	40	28	68	8	7	15	19	18	37	9	2	11	4	1	5
16. Paranoia or paranoid condition	2	8	10	2	4	6	—	3	3	—	1	1	—	—	—
17. Epileptic	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1
18. Psychoneuroses and neuroses	1	1	2	—	1	1	1	—	1	—	—	—	—	—	—
19. With psychopathic personality	1	2	3	—	—	—	—	2	2	1	—	1	—	—	—
20. With mental deficiency	2	7	9	1	2	3	1	3	4	—	—	—	—	2	2
21. Undiagnosed	51	27	78	9	7	16	22	13	35	16	3	19	4	4	8
22. Without psychosis	14	9	23	7	1	8	3	8	11	4	—	4	—	—	—
Totals	229	158	387	52	45	97	92	82	174	74	11	85	11	20	31

TABLE 13.—*Marital Condition of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			SINGLE.			MARRIED.			WIDOWED.			SEPARATED.			DIVORCED.			UNASCERTAINED.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
1. Traumatic	11	8	19	1	1	2	5	5	5	6	7	13	1	1	2	1	1	1	1	1	1	1
2. Senile	26	23	49	3	4	7	17	16	33	7	17	24	1	1	2	1	1	1	1	1	1	1
3. With cerebral arteriosclerosis	28	9	37	7	2	9	21	16	37	3	2	5	1	1	4	1	1	1	1	1	1	1
4. General paralysis	1	—	1	1	—	1	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
5. With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	7	—	7	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	5	—	5	1	—	1	—	4	5	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic	24	2	26	12	1	13	9	8	29	2	—	2	1	1	3	1	1	1	1	1	1	1
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	4	18	22	1	3	4	2	2	9	—	1	4	—	—	—	—	—	—	—	—	—	—
13. Manic-depressive	5	10	15	1	5	6	4	4	9	—	2	6	—	—	—	—	—	—	—	—	—	—
14. Involution melancholia	40	28	68	30	14	44	10	8	18	—	4	2	—	—	—	2	—	—	—	—	—	—
15. Dementia precox	2	8	10	2	3	5	3	—	3	—	2	4	—	—	—	—	—	—	—	—	—	—
16. Paranoia and paranoid conditions	1	1	2	1	—	1	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—
17. Epileptic	1	1	2	1	—	1	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	1	2	3	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	1	2	3	1	1	2	7	9	12	—	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	2	7	9	2	5	7	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—
21. Undiagnosed	51	27	78	31	10	41	17	14	31	2	3	5	—	—	—	1	—	—	—	—	—	—
22. Without psychoses	14	9	23	5	5	5	11	3	14	2	2	1	—	—	—	1	—	—	—	—	—	—
Totals	229	158	387	101	57	158	96	55	151	23	44	67	2	—	2	7	2	9	—	—	—	—

TABLE 14.—*Psychoses of Readmissions.*

PSYCHOSES.	M.			M.		
	M.	F.	T.	M.	F.	T.
1. Traumatic, total	—	—	—	—	—	—
2. Senile, total	—	—	—	—	4	4
Simple deterioration	—	3	3	—	—	—
Pre-senile type	—	1	1	—	—	—
3. With cerebral arteriosclerosis	—	—	—	1	—	1
4. General paralysis	—	—	—	1	—	—
5. With cerebral syphilis	—	—	—	2	—	2
6. With Huntington's chorea	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—
8. With other brain or nervous diseases, total	—	—	—	—	—	—
9. Alcoholic, total	—	—	—	6	—	6
Acute hallucinosis	3	—	3	—	—	—
Chronic paranoid type	1	—	1	—	—	—
Alcoholic deterioration	2	—	2	—	—	—
10. Due to drugs and other exogenous toxine, total	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—
12. With other somatic diseases, total	—	—	—	—	—	—
13. Manic-depressive, total	—	—	—	7	12	19
Manic type	6	5	11	—	—	—
Depressed type	1	4	5	—	—	—
Mixed type	—	3	3	—	—	—
14. Involution melancholia	—	—	—	—	1	1
15. Dementia præcox total	—	—	—	22	9	31
Paranoid type	5	4	9	—	—	—
Katatonic type	4	2	6	—	—	—
Hebephrenic type	8	2	10	—	—	—
Senile type	5	1	6	—	—	—
16. Paranoia or paranoid condition	—	—	—	3	3	6
17. Epileptic, total	—	—	—	—	1	1
Epileptic, clouded states	—	1	1	—	—	—
18. Psychoneuroses and neuroses, total	—	—	—	—	—	—
19. With psychopathic personality	—	—	—	2	1	3
20. With mental deficiency	—	—	—	—	2	2
21. Undiagnosed	—	—	—	6	7	13
22. Without psychosis, total	—	—	—	1	3	4
Psychopathic personality	—	1	1	—	—	—
Mental deficiency	1	2	3	—	—	—
Totals	—	—	—	51	43	94

TABLE 15.—*Discharges of Patients classified with Reference to Principal Psychoses and Condition on Discharge.*

PSYCHOSES.	TOTAL.			RE- COVERED.			IM- PROVED.			UNIM- PROVED.			NOT INSANE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
2. Senile	3	7	10	—	—	—	1	5	6	2	2	4	—	—	—
3. With cerebral arteriosclerosis	8	4	12	—	—	—	7	2	9	1	2	3	—	—	—
4. General paralysis	4	3	7	—	—	—	1	2	3	3	1	4	—	—	—
5. With cerebral syphilis	3	—	3	—	—	—	1	—	1	2	—	2	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
9. Alcoholic	36	3	39	19	2	21	17	1	18	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins	1	1	2	1	—	1	—	1	1	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	1	3	4	1	—	1	—	3	3	—	—	—	—	—	—
13. Manic-depressive	16	36	52	7	18	25	8	16	24	1	2	3	—	—	—
14. Involution melancholia	3	3	6	2	—	2	—	3	3	1	—	1	—	—	—
15. Dementia præcox	50	35	85	—	—	—	30	27	57	20	8	28	—	—	—
16. Paranoia or paranoid condition	3	5	8	—	—	—	2	5	7	1	—	1	—	—	—
17. Epileptic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	2	1	3	—	—	—	2	1	3	—	—	—	—	—	—
19. With psychopathic personality	7	4	11	—	—	—	5	4	9	2	—	2	—	—	—
20. With mental deficiency	9	1	10	—	—	—	4	1	5	5	—	5	—	—	—
21. Undiagnosed	29	8	37	7	2	9	15	6	21	7	—	7	—	—	—
22. Not insane	13	4	17	—	—	—	—	—	—	—	—	—	13	4	17
Totals	190	118	308	37	22	59	95	77	172	45	15	60	13	4	17

TABLE 16.—*Causes of Death of Patients classified with Reference to Principal Psychoses.*

CAUSES OF DEATH.	TOTAL.			TRAUMATIC.			SENILE.			CEREBRAL ARTERIO-SCLEROSIS.			GENERAL PARALYSIS.			WITH CEREBRAL SYPHILIS.			WITH OTHER BRAIN OR NEUROSES DISEASES.			ALCOHOLIC.			WITH OTHER SOMATIC DISEASES.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<i>General Diseases.</i>																											
Erysipelas	1	2	3	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Gangrene of foot	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Gangrene of hips	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carcinoma of jaw	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infection of right hand	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute septicæmia from bullet wound	1	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diabetes mellitus	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pellagra	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Generalized carcinoma	—	2	2	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Diseases of the Nervous System.</i>																											
Cerebral hemorrhage	3	4	7	—	—	—	—	—	—	2	2	4	—	7	32	—	2	—	—	1	—	—	—	—	—	—	—
General paralysis of the insane	27	7	34	—	—	—	—	—	—	—	—	—	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebral spinal syphilis	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syngomyelia	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epilepsy	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Diseases of the Circulatory System.</i>																											
Cardio vascular renal disease	13	15	28	1	—	1	4	5	—	4	5	9	—	—	—	—	—	—	1	—	—	1	1	—	—	—	—
General arteriosclerosis	12	19	31	—	4	4	9	13	—	7	5	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebral arteriosclerosis	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chronic myocarditis	14	3	17	—	—	—	1	1	2	4	1	5	1	—	1	—	—	—	1	—	—	—	—	—	—	—	—
Aortic insufficiency	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mitral regurgitation	—	6	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Diseases of the Respiratory System.</i>																											
Bronchopneumonia	10	12	22	—	—	—	—	3	—	4	1	5	2	1	3	—	—	—	1	—	—	—	—	—	1	—	—
Lobar pneumonia	2	2	4	—	1	—	—	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculous pneumonia	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary tuberculosis	17	5	22	—	—	—	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—	1	—	—	—	—	—

TABLE 16.—Causes of Death of Patients classified with Reference to Principal Psychoses—Continued.

CAUSES OF DEATH.	TOTAL.			TRAUMATIC.			SENILE.			CEREBRAL ARTERIO-SCLEROSIS.			GENERAL PARALYSIS.			WITH CEREBRAL SYPHILIS.			WITH OTHER BRAIN OR NEUROSES DISEASES.			ALCOHOLIC.			WITH OTHER SOMATIC DISEASES.		
	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<i>Diseases of the Digestive System.</i>																											
Diarrhoea and enteritis	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cirrhosis of liver	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute volvulus of sigmoid flexure	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General peritonitis	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carcinoma of stomach	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carcinoma of ascending colon	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carcinoma of liver	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carcinoma of liver	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Strangulated hernia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Diseases of the Genito-urinary System.</i>																											
Acute nephritis	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carcinoma of uterus	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carcinoma of breast	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Accidents, Violence and Sudden Deaths.</i>																											
Fracture of left femur	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Fall from third floor piazza (suicidal)	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Fracture of skull	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Accidental drowning	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Fracture of right hip	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	122	91	213	1	—	1	8	19	27	24	15	29	30	9	39	2	2	4	4	1	5	8	—	8	2	—	2

TABLE 16.—*Causes of Death of Patients classified with Reference to Principal Psychoses—Continued.*

CAUSES OF DEATH.	MANIC-DEPRESSIVE.			INVOLUTION MELANCHOLIA.			DEMENTIA PRECOX.			PARANOID OR PARANOID CONDITION.			EPILEPTIC.			WITH MENTAL DEFICIENCY.			UNDIAGNOSED.			NOT INSANE.		
	MANIC-DEPRESSIVE.			INVOLUTION MELANCHOLIA.			DEMENTIA PRECOX.			PARANOID OR PARANOID CONDITION.			EPILEPTIC.			WITH MENTAL DEFICIENCY.			UNDIAGNOSED.			NOT INSANE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<i>General Diseases.</i>																								
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	—	—	—
Gangrene of foot	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Gangrene of hips	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carcinoma of jaw	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
Infection of right hand	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute septicæmia from bullet wound	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—
Diabetes mellitus	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Generalized carcinoma	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Diseases of the Nervous System.</i>																								
Cerebral hemorrhage	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis of the insane	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebral spinal syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syringomyelia	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Epilepsy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Diseases of the Circulatory System.</i>																								
Cardio vascular renal disease	1	—	1	—	1	1	3	1	4	1	2	3	—	—	—	—	—	—	—	2	—	—	—	—
General arteriosclerosis	—	—	—	—	—	—	—	—	4	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Cerebral arteriosclerosis	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Chronic myocarditis	1	—	1	—	1	1	2	1	2	2	—	—	—	—	—	—	—	—	3	—	3	—	—	—
Aortic insufficiency	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mitral regurgitation	—	—	—	—	—	—	—	—	5	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
<i>Diseases of the Respiratory System.</i>																								
Bronchopneumonia	1	1	2	—	2	2	1	3	4	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Lobar pneumonia	1	—	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculous pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary tuberculosis	3	1	4	—	1	1	7	1	8	—	—	—	—	—	—	1	—	—	1	—	2	—	—	2

TABLE 16.—Causes of Death of Patients classified with Reference to Principal Psychoses—Concluded.

CAUSES OF DEATH.	MANIC-DEPRESSIVE.			INVOLUTION MELANCHOLIA.			DEMENTIA PRECOX.			PARANOIA OR PARANOID CONDITION.			EPILEPTIC.			WITH MENTAL DEFICIENCY.			UNDIAGNOSED.			NOT INSANE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<i>Diseases of the Digestive System.</i>																								
Diarrhœa and enteritis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cirrhosis of liver	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute volvulus of sigmoid flexure	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General peritonitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carcinoma of stomach	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carcinoma of ascending colon	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carcinoma of liver	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Strangulated hernia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Diseases of the Genito-urinary System.</i>																								
Acute nephritis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carcinoma of uterus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carcinoma of breast	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Accidents, Violence and Sudden Deaths.</i>																								
Fracture of left femur	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Fall from third floor piazza (suicidal)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Fracture of skull	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Accidental drowning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Fracture of right hip	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	7	3	10	—	7	7	20	23	43	1	4	5	1	—	1	3	—	3	9	6	15	2	2	4

TABLE 17.—Age of Patients at Time of Death, classified with Reference to Principal Psychoses.

PSYCHOSES.	TOTAL.			Under 15 YEARS.			15-20 YEARS.			20-25 YEARS.			25-30 YEARS.			30-35 YEARS.			35-40 YEARS.			40-45 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile	8	19	27	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. With cerebral arteriosclerosis	24	15	39	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4. General paralysis	30	9	39	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. With cerebral syphilis	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	4	1	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic	8	—	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13. Manic-depressive	7	3	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14. Involution melancholia	—	7	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15. Dementia præcox	20	23	43	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16. Paranoia or paranoid condition	1	4	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17. Epileptic	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21. Undiagnosed	9	6	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
22. Not insane	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	122	91	213	1	—	1	—	—	—	2	1	3	5	2	7	4	1	5	9	3	12	15	9	24

TABLE 17.—Age of Patients at Time of Death, classified with Reference to Principal Psychoses—Concluded.

PSYCHOSES.	45-50 YEARS.			50-55 YEARS.			55-60 YEARS.			60-65 YEARS.			65-70 YEARS.			70-75 YEARS.			75-80 YEARS.			OVER 80 YEARS.		
	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.
	F.	T.		F.	T.		F.	T.		F.	T.		F.	T.		F.	T.		F.	T.		F.	T.	
1. Traumatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1
2. Senile	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1
3. With cerebral arteriosclerosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8	8	8
4. General paralysis	4	1	5	7	1	8	3	1	4	3	7	3	5	4	1	2	1	1	2	3	5	1	1	1
5. With cerebral syphilis	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Alcoholic	-	-	-	2	-	2	1	-	1	-	1	1	-	-	-	-	-	-	-	-	-	1	-	1
10. Due to drug and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
13. Manic-depressive	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
14. Involution melancholia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
15. Dementia precox	2	1	3	1	4	5	1	4	5	2	3	3	2	2	4	2	1	1	3	1	1	1	1	1
16. Paranoia or paranoid condition	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
17. Epileptic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19. With psychopathic personality	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
21. Undiagnosed	-	-	-	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
22. Not insane	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Totals	8	5	13	14	8	22	5	8	13	13	8	21	16	11	27	14	10	24	8	15	23	8	10	18

TABLE 18.—*Total Duration of Hospital Life of Patients dying in Hospital classified according to Psychoses.*

PSYCHOSES.	TOTAL.			LESS THAN 1 MONTH.			1-3 MONTHS.			4-7 MONTHS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	1	—	1	—	—	—	—	—	—	—	—	—
2. Senile	8	19	27	—	—	—	2	2	4	2	5	7
3. With cerebral arteriosclerosis	24	15	39	6	3	9	2	3	5	4	3	7
4. General paralysis	30	9	39	4	—	4	4	2	6	3	1	4
5. With cerebral syphilis	2	2	4	—	—	—	1	—	1	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	—	—	—	—	—	—	—	—	—	1	—	1
9. Alcoholic	4	1	5	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins	—	—	—	1	—	1	1	—	1	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	2	—	2	2	—	—	—	—	—	—	—	—
13. Manic depressive	7	3	10	1	—	1	—	—	—	2	—	2
14. Involution melancholia	—	7	7	—	1	1	—	2	4	—	—	—
15. Dementia præcox	20	23	43	1	—	1	1	—	2	—	—	—
16. Paranoia or paranoid condition	1	4	5	—	—	—	—	—	—	—	—	—
17. Epileptic	1	—	1	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	3	—	3	—	—	—	—	—	—	1	—	1
21. Undiagnosed	9	6	15	3	1	4	1	—	1	1	2	3
22. Not insane	2	2	4	—	—	—	—	—	—	—	—	—
Totals	122	91	213	18	5	23	14	11	25	14	11	25

TABLE 18.—*Total Duration of Hospital Life of Patients dying in Hospital classified according to Psychoses—Continued.*

PSYCHOSES.	8-12 MONTHS.			1-2 YEARS.			3-4 YEARS.			5-10 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	—	—	—	—	—	—	—	—	—	1	—	1
2. Senile	—	3	3	2	6	8	1	2	3	1	—	1
3. With cerebral arteriosclerosis	2	2	4	4	3	7	4	1	5	—	—	—
4. General paralysis	1	2	3	9	3	12	3	1	4	5	—	5
5. With cerebral syphilis	—	1	1	1	—	1	—	—	—	1	—	1
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	—	—	—	—	—	—	2	—	2	1	1	2
9. Alcoholic	1	—	1	1	—	1	1	—	1	1	—	1
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	—	—	—	—	—	—	—	—	—	—	—	—
13. Manic depressive	—	—	—	—	—	—	1	—	1	1	—	1
14. Involution melancholia	—	1	1	—	—	—	—	2	2	—	—	—
15. Dementia præcox	—	—	—	2	3	5	7	2	9	3	5	8
16. Paranoia or paranoid condition	—	—	—	1	—	1	—	1	1	—	—	—
17. Epileptic	—	—	—	—	—	—	1	—	1	—	—	—
18. Psychoneuroses and neuroses	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	—	—	—	1	—	1	1	—	1	—	—	—
21. Undiagnosed	—	—	—	3	—	3	3	1	1	2	—	1
22. Not insane	—	—	—	—	—	—	1	1	2	1	1	2
Totals	4	9	13	24	15	39	23	11	34	14	9	23

TABLE 18.—*Total Duration of Hospital Life of Patients dying in Hospital classified according to Psychoses—Concluded.*

PSYCHOSES.	10-15 YEARS.			15-20 YEARS.			20 YEARS AND OVER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	—	—	—	—	—	—	—	—	—
2. Senile	—	—	—	—	1	1	—	—	—
3. With cerebral arteriosclerosis	1	—	1	—	—	—	—	—	—
4. General paralysis	1	1	—	—	—	—	—	—	—
5. With cerebral syphilis	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	—	—	—	1	—	1	—	—	—
9. Alcoholic	1	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	—	—	—	—	—	—	—	—	—
13. Manic-depressive	—	—	—	—	1	1	—	—	—
14. Involution melancholia	—	—	—	—	1	1	—	—	—
15. Dementia præcox	—	5	5	3	2	5	3	6	9
16. Paranoia or paranoid condition	—	1	1	—	2	2	—	—	—
17. Epileptic	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	—	—	—	—	—	—	—	—	—
20. With mental deficiency	—	—	—	—	—	—	—	—	—
21. Undiagnosed	—	1	1	—	—	—	—	—	—
22. Not insane	—	—	—	—	—	—	—	—	—
Totals	4	7	11	4	7	11	3	6	—

TABLE 19.—*Family Care Department.*

	M.	F.	T.
Remaining Sept. 30, 1923	—	19	19
Admitted within the year	—	8	8
Nominally returned from visit for discharge	—	4	4
Whole number of cases within the year	—	27	27
Dismissed within the year	—	10	10
Returned to the institution	—	9	9
Discharged	—	—	—
Died	—	—	—
Visit	—	1	1
Escaped	—	—	—
Remaining Sept. 30, 1924	—	17	17
Supported by State	—	9	9
Private	—	5	5
Self-supporting	—	3	3
Number of different persons within the year	—	26	26
Number of different persons admitted	—	7	7
Number of different persons dismissed	—	8	8
Daily average number	—	19.95	19.95
State	—	11.08	11.08
Private	—	5.28	5.28
Self-supporting	—	3.59	3.59

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